# Appendix H: template case summaries and position statements

## H1. Case summary on behalf of the local authority

**Case No. […………]**

**CASE SUMMARY NUMBER [No.]**

**ON BEHALF OF THE APPLICANT LOCAL AUTHORITY**

**FOR THE HEARING ON [*DATE*]**

**Re …**

**[Insert the abbreviated case title such as Re A]**

**THE CHILD(REN)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age & DOB | Living arrangements | Orders/S20 including the date |
|  |  |  |  |
|  |  |  |  |

**THE RESPONDENTS AND INTERVENERS**

|  |  |  |
| --- | --- | --- |
| Party | Name | Relationship to the children |
| 1st Respondent |  |  |
| 2nd Respondent |  |  |

**TIMETABLE**

**Please do not delete the columns below. The dates should be filled in when the event has occurred.**

|  |  |
| --- | --- |
| Event | Date of the event or date by which the event should be listed including any relevant summary |
| Application |  |
| 26 weeks from issue of application.  Please include dates of any extension. |  |
| EPO |  |
| ICO |  |
| PCMH (6 days from issue) |  |
| CMH (12-18 days from issue) |  |
| IRH (no later than week 20) |  |
| Final hearing  (completed by no later than week 26) |  |

**PLO**

|  |  |
| --- | --- |
| Has PLO taken place | Yes/NO |
| If so, please confirm;   1. The length of the PLO, and 2. The summary outcome of any assessments. |  |

**FAMILY GROUP CONFERENCE**

|  |  |
| --- | --- |
| Has a FGC taken place | Yes/NO |
| If so, please confirm;   1. The outcome(s) of the conference 2. Any agreed plan |  |

**THRESHOLD & FINDINGS**

|  |  |
| --- | --- |
| Date of the threshold/findings document | 1. Interim: 2. Final: |
| Date of responses by the relevant parties/interveners | 1. 1st Respondent mother: 2. 2nd Respondent father: |
| Please confirm that the Applicant has all the evidence it requires in support of the threshold findings sought.  **(If there is any outstanding evidence please identify each outstanding evidence and the date by which it will be filed and served)** |  |
| Are threshold/findings agreed? |  |
| If not agreed, please set out a summary of the main areas of dispute. |  |

**COMPLIANCE**

|  |  |
| --- | --- |
| Have previous court orders been complied with | Yes/NO |
| If not please identify the order not complied with and suggested directions sought |  |

**LINKED OR PAST PROCEEDINGS**

|  |  |
| --- | --- |
| Are there linked or past proceedings involving members of this family | Yes/NO |
| If so, please confirm;   1. The identity of the same; and 2. The outcome of those proceedings. |  |

**APPLICATIONS TO BE DETERMINED AT THIS HEARING (e.g. Part 25)**

|  |  |  |  |
| --- | --- | --- | --- |
| Application (identify the applicant) | Person(s) being assessed/subject to the application | Peron(s) undertaking the assessment | Proposed completion date |
|  |  |  |  |
|  |  |  |  |

**ISSUES TO BE DETERMINED AT THIS HEARING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Issue | Applicant’s position | Mother’s position | Father’s position | Guardian’s position | Other |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |

**SUMMARY OF THE PROPOSED DIRECTIONS/ORDERS**

|  |  |  |
| --- | --- | --- |
| Number | Directions/Orders | Agreed/not agreed |
| 1. |  |  |
| 2. |  |  |

**SUMMARY OF THE RELEVANT BACKGROUND**

…

**ADDITIONAL INFORMATION OR FURTHER SUBMISSIONS**

…

**SUGGESTED READING LIST**

|  |  |  |
| --- | --- | --- |
| Document | Date | Bundle ref |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**[Please insert advocate’s or the author’s details including the date]**

## H2. Case summary on behalf of the [1st / 2nd…] respondent

**Case No. […………]**

**CASE SUMMARY NUMBER [No.]**

**ON BEHALF OF THE [1st, 2nd …] RESPONDENT [OR OTHER] [NAME]**

**FOR THE HEARING ON [*DATE*]**

**Re …**

**[Insert the abbreviated case title such as Re A]**

**THRESHOLD & FINDINGS**

This part should only be completed in so far as it relates to the party on whose behalf this document is prepared.

|  |  |
| --- | --- |
| Date of the threshold/findings document | 1. Interim: 2. Final: 3. Not applicable to this party |
| Date of responses by the Respondent/Intervener |  |
| Are threshold/findings agreed?  (If part agreed please identify what is agreed) |  |
| If not agreed, please set out a summary of the main areas of dispute. |  |

**PROPOSED ALTERNATIVE CARERS TO BE ASSESSED**

(THIS INFORMATION SHOULD BE PROVIDED PRIOR TO THE CMH)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Identify which of the children is this person to be assessed for | Relationship to the child or parents | Assessed as carer, support for the parent(s) or both |
|  |  |  |  |
|  |  |  |  |

**COMPLIANCE**

|  |  |
| --- | --- |
| Have previous court orders been complied with | Yes/No |
| If not please identify the order not complied with and suggested directions sought |  |

**APPLICATIONS (OR ISSUES RAISED) BY THE RESPONDENT/INTERVENER TO BE DETERMINED AT THIS HEARING**

|  |  |  |  |
| --- | --- | --- | --- |
| Application | Date | Identify other parties’ position as agreed, opposed or neutral | Date the work will be completed |
| 1. |  |  |  |
| 2. |  |  |  |

**SUMMARY OF ANY PROPOSED DIRECTIONS/ORDERS SOUGHT BY THE RESPONDENT/INTERVENER**

|  |  |  |
| --- | --- | --- |
| Number | Directions/Orders | Agreed/not agreed |
| 1. |  |  |
| 2. |  |  |

**ADDITIONAL INFORMATION OR FURTHER SUBMISSIONS**

**[Please insert advocate’s or the author’s details including the date]**

## H3. Case summary on behalf of the child

**Case No. […………]**

**CASE SUMMARY NUMBER [No.]**

**ON BEHALF OF THE CHILD(REN)**

**THROUGH THE GUARDIAN [NAME]**

**FOR THE HEARING ON [*DATE*]**

**Re …**

**[Insert the abbreviated case title such as Re A]**

**IMPORTANT RELEVANT DATES FOR THE CHILDREN**

|  |  |  |
| --- | --- | --- |
| Child | Date | Event |
|  |  |  |

**COMPLIANCE**

|  |  |
| --- | --- |
| Have previous court orders been complied with | Yes/No |
| If not please identify the order not complied with and suggested directions sought |  |

**APPLICATIONS OR ISSUES IDENTIFIED BY THE GUARDIAN TO BE DETERMINED AT THIS HEARING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application (include the date of the application) | Date it will be completed | Agreed by | Opposed by | Neutral |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

**SUMMARY OF THE ORDERS SOUGHT BY THE GUARDIAN**

|  |  |  |
| --- | --- | --- |
| Number | Directions/Orders | Agreed/not agreed |
| 1. |  |  |
| 2. |  |  |

**SUMMARY OF THE GUARDIAN’S RECOMMENDATION FOR EACH CHILD**

(this will only have to be updated at the IRH, final hearing or if there has been a change in the circumstances)

|  |  |  |
| --- | --- | --- |
| Child | Recommended placement and order | Recommended contact |
|  |  |  |
|  |  |  |

**ADDITIONAL INFORMATION OR FURTHER SUBMISSIONS**

…

**[Please insert advocate’s or the author’s details including the date]**