IN THE CHILDREN'S COURT OF NEW SOUTH WALES AT

### **CASE NUMBER**

# Application to Vacate a Hearing Date

### **Care Jurisdiction**

#### Notes

- 1. Parts A & B must be completed in full prior to the application being lodged in person by the applicant or the applicant's representative.
- 2. This application will be dealt with in Chambers unless there is good reason for it to be listed before a Court.
- 3. This application, together with all relevant information should be submitted in writing not less than **21 days** before the hearing date **or**, in the case of urgent circumstances arising after that time, as soon as practicable before the date of hearing.
- 4. You will be advised of the outcome of the application and the date on which it is next listed (where applicable).
- 5. You must lodge all relevant documentation with this application.
- 6. An application to vacate or for adjournment will not be granted simply because both parties consent.

## PART A

[NOTE: Applicant to complete]

Date listed for hearing   Time estimate   Hearing location   Nature of hearing   Need of care   Realistic possibility of restoration   Placement   Other   Application lodge on   Mother   Father   behalf of   The Secretary   Other   Signature Date Name of applicant Address	Name of matter		
Hearing location         Nature of hearing       Need of care       Realistic possibility of restoration         Placement       Other         Application lodge on       Mother       Father         behalf of       The Secretary       Child's representative         Other       Signature         Date       Name of applicant	Date listed for hearing		
Nature of hearing       Need of care       Realistic possibility of restoration         Placement       Other         Application lodge on       Mother       Father         behalf of       The Secretary       Child's representative         Other       Other         Signature       Other         Name of applicant       Other	Time estimate		
Application lodge on Mother   Other   behalf of   The Secretary   Other   Signature Date Name of applicant	Hearing location		
Application lodge on       Mother       Father         behalf of       The Secretary       Child's representative         Other       Other         Signature       Jate         Name of applicant       Value	Nature of hearing	Need of care	Realistic possibility of restoration
behalf of Dete Name of applicant		Placement	Other
Other  Signature Date Name of applicant	Application lodge on	Mother	Father
Signature Date Name of applicant	behalf of	The Secretary	Child's representative
Date Name of applicant		Other	
Name of applicant	Signature		
	Date		
Address	Name of applicant		
	Address		

I apply to vacate the hearing date for the following reasons: [Please provide as much information as possible in support of the application – attach additional pages if more space required]

1.

2.

If the application has arisen because of the non-availability of any relevant person in the matter, including witnesses, legal representatives or a defendant you must provide answers to the following questions:

- 1. On what date was this person first notified of the hearing date:
- 2. Was the event that caused this person to be unavailable arranged before or after the person became aware of the hearing date:
- 3. If before, why was the court advised that this date was a suitable date for hearing:

1.

2.

4. If after, why did this person arrange another commitment for the day of the hearing:

1.

2.

- 5. Why is it essential for this person to be present at the hearing:
  - 1.
  - ו. ר
  - 2.

### PART B

[NOTE: Other parties to complete]

	[NOTE: Other parties to complete]		
Party	1		
	I agree with this application. I have notified the applicant of my unavailable dates.		
	I do not agree with this application for the following reasons:		
	1.		
	2.		
	I *do/*do not wish to be present if this application is heard in court.		
Signat	ture		
Date			
Name			
Capac	city [#DCJ #Mother #Father #Child's Representative		
Addre	SS		
Telepł	none		
Fax			
Email			
Party	2		
	I agree with this application. I have notified the applicant of my unavailable dates.		
	I do not agree with this application for the following reasons:		
	1.		
	2.		
	I *do/*do not wish to be present if this application is heard in court.		
Signat	ture		
Date			
Name			
Capac	city [#DCJ #Mother #Father #Child's Representative		
Addre	SS		
Telepł	none		
Fax			
Email			