

---

Supplement for an application for authority  
to refuse contact with a child in care

Form C14

*Section 34(4) Children Act 1989*

The court	To be completed by the court
The full name(s) of the child(ren)	Date issued
	Case number
	Child(ren)'s number(s)

**1 The current arrangements for contact**

- State*
- *the full name(s) of each person who has contact with each child and the current arrangements for contact*
  - *whether the local authority has refused contact for 7 days or less (Section 34(6) Children Act 1989).*

**2 The order applied for**

*State the full name and relationship of any person in respect of whom authority to refuse contact with each child is sought.*

**3 The reason(s) for the application**

*If you are relying on a report or other documentary evidence state the date(s) and author(s) and enclose a copy.*

---

Signed  
(Applicant)

Date