# 35A.

E-FORM

P.3, r.7 FJ(G)R 2024

## Written Complaint for Section 7(3) Assessment Order Section 10(4) Removal Order

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court’s IFAMS system:

1. Section 7(3) Assessment order under the Vulnerable Adults Act 2018.
2. Section 10(4) Removal order under the Vulnerable Adults Act 2018.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**APPLICATION NO.** *[For official use only]*

**NATURE OF APPLICATION** s.7(3) Assessment Order/  s.10(4) Removal Order

### Section 1: Applicant’s Details

|  |  |  |
| --- | --- | --- |
| **APPLICANT’S PARTICULARS** | | |
| **NAME**  Enter name here | **MSF OFFICER ID NO.**  Enter MSF Officer ID No. here | **DESIGNATION**  Enter Designation here |
| **WILL THE APPLICANT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?** | | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT’S CONTACT INFORMATION** | | | |
| **ADDRESS**  Enter address here | | | |
| **EMAIL**  Enter email here | | | |
| **HOME TEL.**  Enter Home Tel. here | **MOBILE TEL.**  Enter Mobile Tel. here | **OFFICE TEL.**  Enter Office Tel. here | **FAX NO.**  Enter Fax No. here |
| **OTHER CONTACT INFORMATION**  Enter other contact information, if any | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **VULNERABLE ADULT’S PERSONAL PARTICULARS** | | | |
| **NAME**  Enter name here | | | **GENDER**  Enter gender here |
| **ID NO.**  Enter ID No. here | **ID TYPE**  Enter ID Type. here | **DATE OF BIRTH**  Enter date of birth here | **NATIONALITY**  Enter nationality here |

|  |  |
| --- | --- |
| **RACE** | Enter race here |
| **RELIGION** | Enter religion here |
| **EDUCATION** | Enter education here |
| **OCCUPATION** | Enter occupation here |
| **MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH** | Enter min. gross household income each month here |
| **MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH** | Enter max. gross household income each month here |
| **VULNERABLE ADULT’S INCOME EACH MONTH** | Enter Vulnerable Adult’s income each month here |
| **MENTAL CAPACITY** | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **VULNERABLE ADULT’S CONTACT INFORMATION** | | | |
| **ADDRESS**  Enter address here | | | **ADDRESS TYPE**  Enter address type here |
| **EMAIL**  Enter email here | | | |
| **HOME TEL.**  Enter Home Tel. here | **MOBILE TEL.**  Enter Mobile Tel. here | **OFFICE TEL.**  Enter Office Tel. here | **FAX NO.**  Enter Fax No. here |
| **OTHER CONTACT INFORMATION**  Enter other contact information, if any | | | |

### Section 2: Application Details

Select **only one** option.

**Option 1: Application for Assessment Order**

1. Reason(s) for this application is as follows:

|  |
| --- |
| Enter reason(s) here |

1. I am seeking the following order(s)[[1]](#footnote-1):

Section 6(1)(a) - To assess an Individual or Vulnerable Adult

Section 6(1)(b) - To cause an Individual or Vulnerable Adult to be assessed by a Qualified Assessor

Section 6(1)(c) - To direct any person to produce an Individual or Vulnerable Adult

Section 6(1)(d) - To remove an Individual or Vulnerable Adult for the purpose of an assessment

1. Date of Return: Enter date here
2. To return Individual or Vulnerable Adult to the following place or to the care of following person under section 6(6): Enter details here

**Option 2: Application for Removal Order**

1. Reason(s) for this application is as follows:

|  |
| --- |
| Enter reason(s) here |

1. Date of Removal: Enter date here
2. The address to remove Individual or Vulnerable Adult is as follows: Enter address here

### Section 3: Declaration

The complaint is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The Applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

1. Select the applicable option. [↑](#footnote-ref-1)