# 35B.

E-FORM

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

## Written Complaint for Section 11(2) Temporary Order Section 14 AP-only Orders

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

1. Section 11(2) Temporary order under the Vulnerable Adults Act 2018.
2. Section 14 AP-only orders 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.11(2) Temporary Order/  s.14 AP-only

### 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 | | | |

|  |  |
| --- | --- |
| **FAMILY MEMBER/ DONEE/ DEPUTY’S PERSONAL PARTICULARS** | |
| **NAME**  Enter name here | **DATE OF BIRTH**  Enter date of birth here |
| **ID TYPE**  Enter ID Type. here | **ID NO.**  Enter ID No. here |
| **GENDER**  Enter gender here | **RELATIONSHIP TO VULNERABLE ADULT**  Enter relationship to VA here |
| **RECOMMENDATION FOR NOTICE OF APPLICATION TO BE SERVED** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FAMILY MEMBER/ DONEE/ DEPUTY’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 Temporary Order**

1. Reason(s) for not making an application with specified time:

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

1. Date of Removal: Enter date here
2. I am placing Individual or Vulnerable Adult under[[1]](#footnote-1):

A Place of Temporary Care and Protection

Place of Safety

The care of a Fit Person

1. Details of Placement:

|  |
| --- |
| Enter details here |

**Option 2: Application for AP-only Orders**

1. I am seeking the following order(s)[[2]](#footnote-2):

Section 14(1)(a) Short Committal Order (up to 6 months) for the Vulnerable Adult

Section 14(1)(b) Extended Committal Order (exceeding 6 months) for the Vulnerable Adult

Section 14(1)(c) Specified Production Order

Section 14(1)(d) Supervision Order for the Vulnerable Adult

Section 14(1)(i) Counselling / Directed Programme Order

Section 14(1)(j) Safety / Disposal Order

Section 14(4)(a) Production Order

Section 14(4)(b) Disclosure Order

Section 14(4)(c) Assessment / Investigation Order

Section 14(4)(d) Social Report Order

Section 14(4)(e) Interim Order for the Vulnerable Adult

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

|  |
| --- |
| Enter reason(s) 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)
2. Select the applicable option. [↑](#footnote-ref-2)