# 35F.

E-FORM

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

## Written Complaint for Section 17 Variation, Suspension or Revocation of 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. Variation, suspension or revocation of Adult Protector ("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** Select the applicable nature of application[[1]](#footnote-1)

### Section 1: Applicant’s Details

|  |  |  |
| --- | --- | --- |
| **APPLICANT’S PERSONAL PARTICULARS** | | |
| **NAME**  Enter name here | | |
| **ID NO.**  Enter ID No. here | | **ID TYPE**  Enter ID Type. here |
| **DATE OF BIRTH**  Enter date of birth here | **GENDER**  Enter gender here | **RELATIONSHIP WITH VULNERABLE ADULT**  Enter Applicant’s relationship with VA |

|  |  |
| --- | --- |
| **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 |
| **APPLICANT’S INCOME EACH MONTH** | Enter Applicant’s income each month here |
| **WILL THE APPLICANT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?** | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT’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

**Variation / Suspension / Revocation of AP-only Orders**

1. I am seeking a Select the applicable option[[2]](#footnote-2) of the following AP-only Orders dated Enter date here:

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

Common details (only for Variation of Protective Orders)

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. the options are: s.17 Variation of AP-only Order / s.17 Suspension of AP-only Orders / s.17 Revocation of AP-only Orders. [↑](#footnote-ref-1)
2. the options are: Variation / Suspension / Revocation. [↑](#footnote-ref-2)