Form No. 1

APPLICATION FOR AN ADOPTION ORDER

Please type or print clearly and mark [X] all boxes that apply. Attach extra pages If you need more space.

Filed in:

- ☐ Family Division of the High Court
- ☐ Family Division of the Magistrates' Court

Application by:

- ☐ sole applicant
- ☐ a couple

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File number:
Filed at:
Filed on:
Hearing -
Place:
Date:
Time:

Part A About the Applicants

- *Sole applicants complete one column.*
- *Joint applicants complete both columns*

APPLICANT 1	**APPLICANT 2**
1. Full name	1. Full name
2. Residential address	2. Residential address
Phone	Phone
3. Date of Birth *(dd/mm/yyyy)*	3. Date of Birth *(dd/mm/yyyy)*
4. Usual occupation	4. Usual occupation
5. Country of citizenship	5. Country of citizenship
6. Country of residence *(attach proof of residency if different than county of citizenship)*	6. Country of residence *(attach proof of residency if different than county of citizenship)*

7. Passport or Identity Card No. *(attach certified copy)*

7. Passport or Identity Card No. *(attach certified copy)*

8. Address for service in the Fiji Islands *(mark only one)*

- ☐ Residential address, as above
- ☐ Postal, work or other address *(insert):*

- ☐ Solicitor *(insert particulars):*

Solicitor's name:
Firm name:
Address:

8. Address for service in the Fiji Islands *(mark only one)*

- ☐ Residential address, as above
- ☐ Postal, work or other address *(insert):*

- ☐ Solicitor *(insert particulars):*

Solicitor's name:
Firm name:
Address:

9. Applicant's Marital Status

- ☐ I am a widow/widower/unmarried
- ☐ I am married to ..... of .....
- ☐ We are married to each other and a certified copy of our marriage certificate (or other evidence of marriage) is attached.
- ☐ We are in a *de facto* relationship, affidavit evidence of which is attached.

10. Spousal consent *(delete if a joint application or if applicant not married)*

- ☐ The consent of my husband/wife/*de facto* partner to the making of an adoption order authorising me to adopt the child is attached.
- ☐ I request the court to dispense with the consent of my husband/wife/ *de facto* partner on the ground that he/she cannot be found/is incapable of giving his/her consent/we have separated and are living apart and the separation is likely to be permanent.

Part B Application type

11. I/We are applying for: *(Mark [x] every box that applies. An application may be for more than one type of order)*

- ☐ An interim adoption order
- ☐ A final adoption order
- ☐ An order dispensing with consent of a parent/guardian
- ☐ An order about the child's name
- ☐ Appointment of Guardian Ad Litem
- ☐ Revoke Care Order
- ☐ Any Other Orders (please specify):……

12. Basis of jurisdiction (*Mark [x] every box that applies to each of the applicants)*

APPLICANT 1	**APPLICANT 2**
☐ Fiji Islands citizen ☐ Currently resident of the Fiji Islands ☐ Resident of the Fiji Islands for …… months immediately before filing of this application ☐ Not a resident of the Fiji Islands	☐ Fiji Islands citizen ☐ Currently resident of the Fiji Islands ☐ Resident of the Fiji Islands for …….. months immediately before filing of this application ☐ Not a resident of the Fiji Islands

Part C **About the Child to be Adopted**

** attach birth certificate*

12. Child's Full name	13. Child's date of birth *(dd/mm/yyyy)*

14. Child's gender

☐ Boy
☐ Girl

15. Applicant(s) relationship (if any) to the child:

16. Child's birth parents and guardian

Mother's name	Mother's address
Father's name	Father's address
Name of child's guardian *(if any)*	Guardian's address

Part D **Consent**

17. Consent of parents and guardian

☐ I/We attach a document/documents signifying the consent of the child's mother/father/ guardian to the making of an order for me/us to adopt the child.
☐ I/We request the court to dispense with the consent of the child's mother/ father/ guardian on the ground that……..

18. Consent of the child *(delete if the child is under the age of 12 years)*

☐ I/We attach a document signifying the consent of the child to the making of an order for me/us to adopt the child.

Part E The Adoption Placement

19. The child was received into my/our care the ..... day of .....20...., and has been continuously in my/our care since that date.

20. Rewards or payments

I/We have not received or given any payment or reward, or in consideration of, the adoption of the child or for giving any consent to the making of the adoption order except as follows:……..……..

As far as I/We know, no person or body has taken part in the arrangements for placing the child in my/our care
except:……..….

21. Previous court orders

- I have not made/Neither of us has made a previous application for an adoption order in respect of the child.
- ..... made an application to the ..... Court on the .....day of .....,20..... which was dealt with as follows: .....

Part F The Child's Name

22. If an adoption order is made in pursuance of this application, we desire that the child be known by the following names:

23. Consent of the child *(delete if the child is under the age of 12 years)*

- I/We attach a document signifying the consent of the child to the proposed change to the child's first name and/or surname.

Part G Affidavit

PLEASE DO NOT COMPLETE THIS PART OF THE FORM UNTIL YOU ARE WITH A PERSON WHO IS LEGALLY ABLE TO WITNESS YOUR SIGNATURE.

You must complete the following affidavit. You must sign it in the presence of a Justice of the Peace, notary public or lawyer. The person witnessing the affidavit will fill in the place and date.

* delete whichever is inapplicable.

APPLICANT 1

I swear*/affirm* that:

- I am the*/an* applicant;
- I have read this application;
- the facts of which I have personal knowledge are true; and
- all other facts are true to the best of my knowledge, information and belief.

Signature of Applicant 1

Place	Date

Before me *(signature of witness)*

Full name of witness *(please print)*

- Justice of the peace
- Notary
- Lawyer

APPLICANT 2

I swear*/affirm* that:

- I am the*/an* applicant;
- I have read this application;
- the facts of which I have personal knowledge are true; and
- all other facts are true to the best of my knowledge, information and belief.

Signature of Applicant 1

Place	Date

Before me *(signature of witness)*

Full name of witness *(please print)*

- Justice of the peace
- Notary
- Lawyer

This application was prepared by:

- applicant (s)
- lawyer for applicant(s)