**SITE MANAGER APPROVAL FORM:**

**WITHOUT NOTICE APPLICATION FOR SECTION 78 CUSTODY ORDER**

**Instructions:**

* Please alert your Legal Assistant as early as possible that you intend to file this application and provide a completed Information Sheet.
* Ensure you have any relevant documentation available for review by your practice leader, regional litigation manager and site manager in sufficient time to meet Court filing times (i.e. by 2:30 - 3:00pm).
* Form should be signed electronically in this word document – this avoids having to print/sign/scan each time a signature is required. To do this, use your saved signature or use the stylus stored in the bottom of your Lenovo laptop – no extra settings are required, just write with your stylus straight onto the word document. Alternatively, use the draw tab on word and select “draw with touch” – this will enable you to sign using your mouse or finger.
* A copy of this approval form **must** be saved in CYRAS upon completion.

**SOCIAL WORKER**

|  |  |
| --- | --- |
| **Date:** |  |
| **Name:**  |  |
| **Supervisor:**  |  |
| **Site:**  |  |
| **Te tamaiti/tamariki name and DOB:** |  |
| **In preparing this application, I have completed the following:*** Social work assessment **Y/N**

If no, why not? * Consulted with supervisor who is in support of this course of action **Y/N**

If no, why not? * Child and family consult **Y/N**

If no, why not?* Sought legal advice from Legal Services solicitor who supports this application being made **Y/N**

If no, why not? * Affidavit in support of application which meets evidential requirements and attests to the following: **Y/N**
	+ that it is not practicable or appropriate to provide care or protection of te tamaiti by any other means
	+ that all known information favourable to the respondents in the supporting affidavit
	+ that the respondents and family/whānau have been provided with appropriate opportunities to engage.
 |

**In accordance with the policy, this form must be completed and signed by the practice leader, regional litigation manager and site manager (or a person acting in that role) before the application can be filed. A copy of the approval form must be saved in CYRAS.**

**PRACTICE LEADER**

|  |  |
| --- | --- |
| **Date:** |  |
| **Name:** |  |
| **Signature:** | **(electronic signature)** |
| I have read the attached application and affidavit in support, consulted with the social work team to the degree I consider necessary, and I am satisfied the social worker has taken appropriate steps to: * determine that it is not practicable or appropriate to provide care or protection of te tamaiti by any other means **Y/N**
* outline all known information favourable to the respondents in the supporting affidavit **Y/N**
* ensure that the respondents and family/whānau have been provided with appropriate opportunities to engage **Y/N**
 |
| **COMMENTS:** If no, why not? |

**REGIONAL LITIGATION MANAGER**

|  |  |
| --- | --- |
| **Date:** |  |
| **Name:** |  |
| **Signature:** | **(electronic signature)** |
| I have read the attached application and affidavit in support, consulted with the solicitor who reviewed the documents to the degree I consider necessary, and I am satisfied that the grounds for making the application without notice have been made out and the application is appropriate. **Y/N** |
| **COMMENTS:** If no, why not? |

**SITE MANAGER**

|  |  |
| --- | --- |
| **Date:** |  |
| **Name:** |  |
| **Signature:** | **(electronic signature)** |
| I have read the attached application and affidavit in support, consulted with others to the degree I consider necessary, and I am satisfied that the decision to file this application without notice is the result of an appropriate social work assessment and decision-making process. I agree that a without notice application for interim custody be filed. **APPROVED/NOT APPROVED** |
| **COMMENTS**: Including whether the decision to apply for the order without notice has been approved or not approved, who was consulted in reaching the decision and the factors taken into account in reaching this decision (including how any differences of views have been addressed). |

*ESCALATION: When there is disagreement about whether the application should be filed without notice, the decision may be escalated to the regional manager.*

**REGIONAL MANAGER**

|  |  |
| --- | --- |
| **Date:** |  |
| **Name:** |  |
| **Signature:** | **(electronic signature)** |
| I have read the attached application and affidavit in support, consulted with others to the degree I consider necessary, and I am satisfied that the decision to file this application without notice is the result of an appropriate social work assessment and decision-making process. I agree that a without notice application for interim custody be filed. **APPROVED/NOT APPROVED** |
| **COMMENTS**: Including whether the decision to apply for the order without notice has been approved or not approved, who was consulted in reaching the decision and the factors taken into account in reaching this decision (including how any differences of views have been addressed). |