

# STATEMENT OF ARRANGEMENTS FOR CHILDREN

## IN THE ROYAL COURT OF GUERNSEY (Matrimonial Causes Division)

BETWEEN Name of Applicant/Party 1:

AND Name of Respondent/Party 2:

*This form assists the Court to be satisfied of the matters set out in section 15 of the Matrimonial Causes (Bailiwick of Guernsey) Law, 2022.*

*Complete this form if there any children of the marriage who are:*

- *under the age of 18 years;*
- *receiving instruction at an educational establishment or undergoing training for a trade, profession, or vocation, whether or not the child is also in gainful employment; or*
- *children to whom the Court has directed section 15 of the Law should apply.*

*A child of the marriage is defined in section 50 of the Matrimonial Causes (Bailiwick of Guernsey) Law, 2022.*

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### CURRENTLY:

1. Who does each child live with?	PERSON/PEOPLE
2. Who is responsible for each child's care and upbringing?	PERSON/PEOPLE
3. If any, what school or other educational establishment does each child attend?	EDUCATIONAL ESTABLISHMENT

4. If any child is in paid employment, what is the nature of the child's paid employment?	NATURE
6. If any child is in training, provide details of the training:	DETAILS OF TRAINING
5. Who is supporting each child financially or contributing to the child's support?	PERSON      AMOUNT FREQUENCY
6. Please provide details of any arrangements which have been agreed for contact by the child with either of the parties:	CONTACT WITH      FREQUENCY
7. Have any court orders been made about any child, or is the child the subject of any ongoing proceedings (including any criminal proceedings)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details below)
8. Is or has any child been the subject of an order made by the Child, Youth and Community Tribunal or the equivalent in any other jurisdiction?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details below)
9. Is or has any child been the subject of any intervention by the Committee for Health and Social Care or the equivalent in any other jurisdiction?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details below)
10. Does any child have a disability or serious or chronic illness?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details below)
11. Is or has any child been on the Child Protection Register?	

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**LOOKING AHEAD:**

12. Where is it proposed that each child will live?	ADDRESS
13. Who will care for each child in the foreseeable future?	PERSON/PEOPLE
14. What arrangements are proposed for each child's education or training, including in the long term?	ARRANGEMENTS
15. What arrangements are proposed about financial provision for each child?	ARRANGEMENTS
16. What arrangements are proposed for contact by the child with either of the parties?	ARRANGEMENTS

**SIGNATURE**

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Signed	Date	Applicant (Party 1 on a joint application)
Signed	Date	Respondent (Party 2 on a joint application)

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*You should consider the following when completing this form:*

- *the Matrimonial Causes (Bailiwick of Guernsey) Law, 2022, and especially section 15,*
- *Matrimonial Causes Rules, 2024, and especially rule 55.*

*Copies can be found at [www.guernseylegalresources.gg](http://www.guernseylegalresources.gg)*