**Case No: To be allocated**

**IN THE FAMILY COURT AT NEWCASTLE**

**BETWEEN:**

**[ LOCAL AUTHORITY ]**

**Applicant**

**And**

**[ FIRST RESPONDENT ]**

**And**

**[ SECOND RESPONDENT ]**

**And**

**[ THIRD RESPONDENT ]**

**(by the Children’s Guardian)**

**Respondents**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTERIM CARE PLAN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name of Child:**

**[ NAME ]**

**Date of Birth:**

**[ --/--/---- ]**

**Name of Independent Reviewing Officer:**

**[ NAME ]**

|  |  |
| --- | --- |
|  | **Proposed Order** |
|  | [………….] |
|  |  |
|  | **Where and with whom the child is to live*****(Include any separation of siblings)*** |
|  | [………….] |
|  |  |
|  | **The proposed arrangements for contact****(*Include frequency, length, remote, indirect, face to face, supervised or not and if so by whom. Also include sibling contact or contact with other relatives if relevant*)**[………….] |
|  |  |
|  |  |
|  | **Arrangements for school/nursery** **(*Reference any changes in school/nursery or state if they remain the same*)** |
|  | [………….] |
|  |  |
|  | **The services to be provided to the child/family** |
|  | [………….] |
|  |  |

|  |
| --- |
| **Signed:** |
| ***[Signature]***  | ***[Signature]***  |
| ***[Name]*** | ***[Name]*** |
| **Job title: Social Worker** | **Job title: Team Manager**  |
| **Address:**  | **Address:**  |
| **Date:**  | **Date:**  |