**Notification of Intention To Apply For Special Guardianship Order (Private Law Applications Only)**

 **I/We wish to notify you that I/we intend to apply for a Special Guardianship Order in respect of:**

|  |  |
| --- | --- |
| **Child/children's names:** |  |
| **Dates of Birth:** |  |
| **The child/ren has/have been in our care since:**  |  |
| **Relationship to the child/ren (e.g. grandparent, aunt, etc):**  |  |
| **Supervising Social Worker:** |  |

|  |  |
| --- | --- |
| **Full name of first applicant:** |  |
| **Date of Birth:** |  |
| **Full name of second applicant:** |  |
| **Date of Birth:** |  |
| **Signed:**  |  |
| **Dated:**  |  |
| **Address:** |  |
| **Telephone:** |  |
| **e-mail:** |  |

***If the Special Guardianship Order is to be issued in joint names, signatures are required of both applicants.***

|  |  |
| --- | --- |
| Upon completion, please return to: | Deborah Crawford, Head of Regulated Services, Children's Services, Council Offices, Lincoln LN1 1YL |