



Request to Northumbria Police for Disclosure of Material required in Family Proceedings

This form should be completed in accordance with the agreed protocol and submitted to:

Information Management Unit
Bedlington Police Station
Schalksmuhle Road
Bedlington
Northumberland
NE22 7LA

Famdisc1

ANNEX D

STANDARD REQUEST FORM FOR DISCLOSURE OF POLICE INFORMATION

INCORPORATING POLICE REPLY

[This form should be completed in accordance with the agreed protocol]

Police information will not be disclosed unless there are important considerations of public interest to justify departure from the general rule of confidentiality. These considerations include the protection of vulnerable members of society. The information below is provided on the strict understanding that such information is only for the current proceedings. It will be treated as confidential and will not be used for any other purpose.

REQUEST FOR INFORMATION

Person Requesting Information	Name: Job Title: Telephone Number: Secure Email: Address:
Date of Request	
Case Proceeding at: (if underway)	
Case No:	
Name of all parties to proceedings and legal representatives:	
Next hearing date:	
Expert reports to be prepared by:	

Advance notice of family proceedings and any request [for information][to indicate availability of] information should be made as soon as possible and at least **10 working days** before the relevant directions hearing date

Date Information is required by:	Information should be received at least 5 clear working days before the hearing date	
Purpose of the Information		
Request for Disclosure of Material held by	Northumbria Police	
INFORMATION REQUESTED ABOUT THE FOLLOWING PERSON(S):		
1. NAME (Alleged perpetrator(s)):	DoB:	Address:
2. NAME OF OTHER PARTY/PARENT [if applicable]:	DoB:	Address:
3. NAME(S) OF RELEVANT CHILD(REN) /(ALLEGED VICTIM(S)):	DoB:	RELATIONSHIP TO ALLEGED PERPETRATOR:
1. 2. 3.		1. 2. 3.
4. BRIEF DETAILS (INCLUDING DATE AND PLACE) OF THE CIRCUMSTANCES OF THE INCIDENT(S) IN RESPECT OF WHICH FAMILY PROCEEDINGS ARE BEING TAKEN /CONTEMPLATED:		
4. CRIME REFERENCE NUMBER (if known)		
5. NAME & COLLAR NUMBER OF OFFICER(S) (if known)		

6. BRIEF DETAILS (INCLUDING DATE AND PLACE) OF THE SPECIFIC INCIDENT(S) UPON WHICH INFORMATION IS SOUGHT:	
7. NATURE OF THE DOCUMENTS, RECORDS OR OTHER EVIDENTIAL MATERIAL REQUESTED AND ITS RELEVANCE TO THE CIVIL/FAMILY PROCEEDINGS NOTED ABOVE: (List documents with as much particularity as possible e.g. father's interview, mother's statement, sister's video interview, etc)	Disclosure Available? (Police to complete for each)
8. AN INDICATION OF THE PROPOSED DIRECTIONS FOR DISCLOSURE LIKELY TO BE MADE (INCLUDING THE DATE BY WHICH ACTUAL DOCUMENTS WILL BE REQUIRED): (list directions or attach draft order for directions)	
9. WHETHER AND IF SO WHAT DATE HAS BEEN FIXED FOR HEARING AND WHETHER ANY OFFICER(S) INVOLVED IS LIKELY TO BE REQUIRED TO GIVE EVIDENCE.	
NAME OF PERSON MAKING REQUEST:	
ON BEHALF OF: (NAME OF PARTY/ORGANISATION ETC)	