

Statement of reconciliation

To be completed by the solicitor	
Name of court { MERGEFIELD DIV_PROF_DIV_COURT_name }	Case No. { FORMTEXT }
Name of Petitioner { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_FORENAME_2 }	
Name of Respondent { MERGEFIELD RESP_CORESP_OP_FORNAME } { MERGEFIELD RESP_CORESP_OP_SURNAME }	
Name of Co-Respondent (if applicable) { MERGEFIELD RESP_CORESP_CORESP_FORENAME } { MERGEFIELD RESP_CORESP_CORESP_SURNAME }	

(please tick appropriate boxes)

I, { MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }

the solicitor acting for the Petitioner in the above case certify that

{ FORMCHECKBOX } I have { FORMCHECKBOX } I have not

discussed with the Petitioner the possibility of a reconciliation and that

{ FORMCHECKBOX } I have { FORMCHECKBOX } I have not

given to the Petitioner the names and addresses of persons qualified to help effect a reconciliation.

Signed

(Solicitor for Petitioner)

Name
and
address
of firm

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
 { MERGEFIELD PRACTICEINFO_HOUSE }
 { MERGEFIELD PRACTICEINFO_AREA }
 { MERGEFIELD PRACTICEINFO_POSTAL_TOWN }
 { MERGEFIELD PRACTICEINFO_COUNTY }
 { MERGEFIELD PRACTICEINFO_POSTCODE }

 { MERGEFIELD PRACTICEINFO_DX_NO }

Dated

{	{	/	{	{	/	{	{	{	{
F	F		F	F		F	F	F	F
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