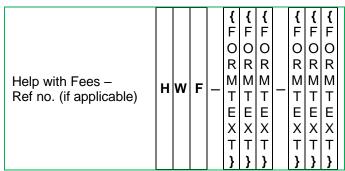


Application

- For permission to start proceedings
- For an order or directions in existing proceedings
- To be joined as, or cease to be, a party in existing family proceedings under the Children Act 1989

To be completed by the court	
The Family Court sitting at { FORMTEXT }	
Date issued { FORMTEXT }	
Case number { FORMTEXT }	



Before completing this form please read the leaflet 'CB1 – Making an application – Children and the Family Courts'. You can get a copy of from your local court or at www.justice.gov.uk.

- Failure to complete every question or state if it does not apply, could delay the case, as the court will have to ask you to provide the additional information required.
- If there is not enough space please attach separate sheets.
- Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary. See Section J of leaflet CB1 for more information about Cafcass and CAFCASS CYMRU.

If you are applying for one of the following private law Children Act 1989 orders you must file a separate completed FM1 form with this application:

- A parental responsibility order (sections 4(1)(c), 4ZA(1)(c) or 4A(1)(b) of the Children Act 1989) or an order terminating parental responsibility (sections 4(2A), 4ZA(5) or 4A(3) of that Act).
- An order appointing a child's guardian (section 5(1) of the Children Act 1989) or an order terminating the appointment (section 6(7) of that Act).
- An order giving permission to change a child's surname or remove a child from the United Kingdom (sections 13(1) or 14C of the Children Act 1989).
- A special guardianship order or an order varying or discharging such an order (section 14D of the Children Act 1989).

1. Summary of application		
Your name (the applicant(s))	{ FORMTEXT }	
The respondent's name(s) See Sections G and H of the booklet CB1.	{ FORMTEXT }	
Some people need permission to	apply - See Section C of t	the leaflet CB1
Are you applying for permission to issue an application?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } Perm FORMCHECKBOX } Perm	rmission not required {
If you are making an application in existing proceedings, please give the existing case number(s).	{ FORMTEXT }	
Please list the name(s) of the child(ren) a understand which order to apply for rea		applying for, starting with the oldest. To
Child 1 - Full name of child	Date of birth	Gender Order(s) applied for
{ FORMTEXT } Relationship to applicant(s) { FORMTEXT } Child 2 - Full name of child	F F F F F F F F F F	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female hip to respondent(s) TEXT } Gender Order(s) applied for
{FORMTEXT}	{	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female
Relationship to applicant(s)		hip to respondent(s)
{ FORMTEXT }	{ FORMT	TEXT }
Child 3 - Full name of child	Date of birth	Gender Order(s) applied for
{FORMTEXT}	OO OO OOO OOO OOOOOOOOOOOOOOOOOOOOOOOO	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female

	3 3 3 3 3 3 3
Relationship to applicant(s)	Relationship to respondent(s)
{ FORMTEXT }	{ FORMTEXT }

2. About you (the applicant(s)) Applicant 1 (You) Applicant 2 (if applicable) Full names { FORMTEXT } { FORMTEXT } Previous names (if any) { FORMTEXT } { FORMTEXT } { FORMCHECKBOX } Male { FORMCHECKBOX } Male Gender FORMCHECKBOX } Female FORMCHECKBOX } Female { F { F { F { F { F { F { F { F { F F F F F olololo 00 0000 00 00 00 RRRRRR RRRRRRR R R M M ММ M M M M M M M M M M M Date of birth (If under 18 read Т Т Т Т Т Т TT Т Т Т Т Т Т Т Т section R of leaflet CB1) Ε Ε Ε Ε Е EEE Е Ε ΕE EEEE X X Χ Χ Χ XXX Χ Χ Χ Χ Χ Χ Χ Х Т Т Т Т Т Т Т Т Т Т Т Т Т Т } } } } } } } } } } } } } } } Place of birth { FORMTEXT } { FORMTEXT } (town/county/country) If you do not wish your address to be made known to the respondent, leave the details below blank and complete Confidential contact details Form C8. You can get a copy of this form from any family court office or from our website at hmctsformfinder.justice.gov.uk Please ensure that any documents submitted with this form or at a later date, do not include the confidential contact details you wish to withhold. Address { FORMTEXT } { FORMTEXT } Postcode { F { F Postcode { F { F { F { F { F F F F F F F F F F 0000 0000 0 0 0 0 0 О 00 RRRR R RRRR R RRR R R R M M M M M M M M M MM M M M М Т Т Т Т Т Т Т Т Т Т Τ Т Т Т Т Т Ε EEE ΕE Ε Ε EE Ε Ε Е Ε Ε Ε Χ Χ Χ Χ Χ X XΧ Χ Х Χ Χ Χ Χ Χ Х Т Τ Т Τ Т Т Τ Τ Т Т Т Τ Т Т Т Т { FORMTEXT } { FORMTEXT } Home telephone number Mobile telephone number { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } **Email address** Have you lived at this address for { FORMCHECKBOX } Yes { FORMCHECKBOX } Yes { { FORMCHECKBOX } No FORMCHECKBOX } No more than 5 years?

If No, please provide details of last 5 years.	all previous addresses you have lived at for the
{ FORMTEXT }	{ FORMTEXT }

3. The respondents

Sections G and H of the booklet 'CB1 - Making an application - Children and the Family Courts' explain who a respondent is.

	If there are more than 2 respondents plea	se continue on a separate sheet.
	Respondent 1	Respondent 2
Full names	{ FORMTEXT }	{ FORMTEXT }
Previous names (if known)	{ FORMTEXT }	{ FORMTEXT }
Gender Date of birth (If under 18 read section R of leaflet CB1)	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female { { { { { { { { { { { { { { { { { { {	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female { { { { { { { { { { { { { { { { { { {
Place of birth (town/county/country)	{ FORMTEXT }	{ FORMTEXT }
Address	FORMTEXT } Postcode	{ FORMTEXT } Postcode
Home telephone number	{ FORMTEXT }	{ FORMTEXT }
Mobile telephone number	{ FORMTEXT }	{ FORMTEXT }
Email address	{ FORMTEXT }	{ FORMTEXT }
Have they lived at this address for more than 5 years?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No { FORMCHECKBOX } Don't know If No, please provide details of all previous	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No { FORMCHECKBOX } Don't know s addresses they have lived at for the last 5

{ FORMTEXT }	{ FORMTEXT }

4. Others who should be given notice

There may be other people who should be notified of your application, for example, someone who cares for the child but is not a parent. Sections G and I of the booklet 'CB1 - Making an application - Children and the Family Courts' explain who others are.

Person 1	Person 2
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMCHECKBOX } Male { FORMCHECKBOX } Female	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female
{	{
{ FORMTEXT }	{ FORMTEXT }
Postcode	Postcode
	{FORMTEXT} {FORMCHECKBOX} Male { FORMCHECKBOX} Female { { { { { { { { { { { { { { { { { { {

Please state their relationship to the children listed on page 1. If their relationship is not the same to each child please state their relationship to each child

{ FORMTEXT }	{ FORMTEXT }

5. Solicitors details Do you have a solicitor acting { FORMCHECKBOX } Yes { FORMCHECKBOX } No If No, see section R for you? of leaflet CB1 for more information If Yes, please give the following details Your solicitor's name { FORMTEXT } { FORMTEXT } Name of firm Address { FORMTEXT } { F Postcode { F { F { F { F { F F F F { O O O F 0000 RRRR RRRO M M M M MMMRТ TTT Т T T M Е EEE E E TE Ε Χ $X \times X$ Χ X X XT Т TIT Т Т Т Т } Telephone number { FORMTEXT } { FORMTEXT } Fax number DX number { FORMTEXT } Solicitor's Reference { FORMTEXT } Fee account no. { FORMTEXT } { FORMTEXT } Email address 6. Details of application { FORMTEXT } Please give brief details about what you are applying for and your reasons for making the application.



7. Attending the court

Section N of the booklet 'CB1 - Making an application - Children and the Family Courts' provides information about attending court.

If you require an interpreter, you must te	Il the court now so that one can be arranged.
Do you or any of the parties need an interpreter at court?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No
	If Yes, please specify the language and dialect:
	{ FORMTEXT }
If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No If Yes, please say what the needs are { FORMTEXT }
Please say whether the court needs to make any special arrangements for you to attend court (e.g. providing you with a separate waiting room from the respondent or other security provisions).	{FORMTEXT}
,	Court staff may get in touch with you about the requirements
8. Statement of truth	
o. Statement of truth	
*delete as appropriate	*[I believe] [The applicant/respondent] that the facts stated in this application are true. *I am duly authorised by the applicant/respondent to sign this statement.
Print full name	{ FORMTEXT }
Name of applicant solicitors firm	{FORMTEXT}
	{
Signed	(Applicant) (Applicant's solicitor) Date R
Position or office held (If signing on behalf of firm or company)	{ FORMTEXT }

Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.

continued over the page >

What to do now

If you are applying for permission to issue an application

{ FORMCHECKBOX } Check you have attached copies of the form C100 application and form C1A if appropriate

{ FORMCHECKBOX } Check any necessary documents are attached to the form C100 application

For all applications

{ FORMCHECKBOX } Check you have completed and signed Section 8 of this form

{ FORMCHECKBOX } Check you have attached the correct fee.

Now take or send your application with the correct fee and correct number of copies (one copy for the court, one copy for Cafcass/CAFCASS CYMRU and one for each party or other person) to the court.

Court fees

You may need to pay a fee with your application. You should read leaflet EX50 Civil and family court fees to find out what fee, if any, you need to pay. This leaflet is available from your local court or online at hmctsformfinder.justice.gov.uk

You may be exempt from paying all or part of the fee. The combined booklet and application form 'EX160A Court and Tribunal Fees - Do you have to pay them' gives more information. You can get a copy from the court or download a copy from our website at hmctsformfinder.justice.gov.uk

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