

**Children of either party who are not children of the family**

Full names of the children of either party who are not children of the family	Gender		Date of birth (or state if over 18) (dd/mm/yyyy)	Born to or adopted by Petitioner	Born to or adopted by Respondent
	male	female			
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 8 Special assistance or facilities if you attend court**

See the supporting notes for guidance

If you are required to attend court during these proceedings will you need any special assistance or facilities?

☐ Yes (please supply details below)
 ☐ No

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**Part 9 Service details**

See the supporting notes for guidance

- ☐ I am not represented by a solicitor in these proceedings  
☐ I am not represented by a solicitor in these proceedings but am receiving advice from a solicitor  
☐ I am represented by a solicitor in these proceedings, who has signed Part 10, and all documents for my attention should be sent to my solicitor whose details are as follows:

**Box 1 Solicitor's details**

Name of solicitor			
Name of firm			
Address to which all documents should be sent for service	Telephone no.		
	Fax no.		
	DX no.		
	Your ref.		
Postcode	<input type="text"/>	<input type="text"/>	
E-mail			