

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
Date issued
Case number
Fee charged/Remission ID

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 online at hmctsformfinder.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))

The respondent's name(s)

See Sections G and H of the booklet CB1.

Some people need permission to apply - See Section C of the leaflet CB1

Are you applying for permission to issue an application?

 Yes

 Permission not required

 Permission already granted

If you are making an application in existing proceedings, please give the existing case number(s).

Please list the name(s) of the child(ren) and the type(s) of order you are applying for, starting with the oldest. To understand which order to apply for read the booklet CB1 Section D.

Child 1 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to applicant(s)		Relationship to respondent(s)	
<input type="text"/>		<input type="text"/>	

Child 2 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to applicant(s)		Relationship to respondent(s)	
<input type="text"/>		<input type="text"/>	

Child 3 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to applicant(s)		Relationship to respondent(s)	
<input type="text"/>		<input type="text"/>	

2. About you (the applicant(s))

	Applicant 1 (You)	Applicant 2 (if applicable)
Full names	<input type="text"/>	<input type="text"/>
Previous names (if any)	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (If under 18 read section R of leaflet CB1)	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Place of birth (town/county/country)	<input type="text"/>	<input type="text"/>

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.

Address	<input type="text"/>	<input type="text"/>
Postcode	<input style="width: 50px;" type="text" value=" "/> <input style="width: 50px;" type="text" value=" "/>	<input style="width: 50px;" type="text" value=" "/> <input style="width: 50px;" type="text" value=" "/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

Have you lived at this address for more than 5 years?

Yes No

Yes No

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

If you do not wish your contact details to be made known to the Respondent, leave the details blank and complete Confidential contact details Form C8

<input type="text"/>	<input type="text"/>
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3. The respondents

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

If there are more than 2 respondents please continue on a separate sheet.

	Respondent 1	Respondent 2
Full names	<input type="text"/>	<input type="text"/>
Previous names (if known)	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (If party under 18 read section R of leaflet CB1)	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Place of birth (town/county/country)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/>	<input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/> <input style="width: 20px; height: 20px;" type="text" value=" "/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Have they lived at this address for more than 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

If No, please provide details of all previous addresses they have lived at for the last 5 years.

<input type="text"/>	<input type="text"/>
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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 the booklet **'CB1 - Making an application - Children and the Family Courts'** explain who others are.

	Person 1	Person 2
Full names	<input type="text"/>	<input type="text"/>
Previous names (if known)	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Address	<input type="text"/>	<input type="text"/>
	Postcode <input type="text" value=""/> <input type="text" value=""/>	Postcode <input type="text" value=""/> <input type="text" value=""/>
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	<input type="text"/>	<input type="text"/>

5. Solicitor's details

Do you have a solicitor acting for you?

Yes

No

If No, see section R of leaflet CB1 for more information

If Yes, please give the following details

Your solicitor's name

Name of firm

Address

Postcode

Telephone number

Fax number

DX number

Solicitor's Reference

Email address

6. Details of application

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

If you require an interpreter, you must tell the court now so that one can be arranged.

Do you or any of the parties need an interpreter at court?

Yes No

If Yes, please specify the language and dialect:

If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?

Yes No

If Yes, please say what the needs are

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).

Court staff may get in touch with you about the requirements

8. Statement of truth

*[I believe] [The applicant/respondent believes] that the facts stated in this application are true.

*delete as appropriate

*I am duly authorised by the applicant/respondent to sign this statement.

Print full name

Name of applicant solicitors firm

Signed

Dated / /

(Applicant) (Applicant's solicitor)

Position or office held
(If signing on behalf of firm or company)

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.

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What to do now

If you are applying for permission to issue an application

- Check you have attached copies of the form C100 application and form C1A if appropriate
- Check any necessary documents are attached to the form C100 application

For all applications

- Check you have completed and signed Section 8 of this form
- 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