

### 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"/> <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="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of birth (town/county/country)	<input type="text"/>	<input type="text"/>
Address (to which documents relating to this application should be sent)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 for the last 5 years below (if known, including the dates and starting with the most recent)

<input type="text"/>	<input type="text"/>
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