

C69

Application for registration, recognition or non recognition of a judgment under Council Regulation (EC) 2201/2003

In the High Court of Justice Family Division Principal
Registry/District Registry

Before completing this application please read the booklet '**CB1 – Making an application – Children and the Family Courts**'. You can get a copy of all the forms and leaflets from your local court or they can be found at www.hmcourts-service.gov.uk

Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary.

Cafcass - Children and Family Court Advisory and Support Service (in England); CAFCASS CYMRU - Children and Family Court Advisory and Support Service Wales.

To be completed by the court

Name of court

Date issued

Case number

1. Summary of application

Your name (the applicant)

The respondent's name(s)

Please list the name(s) of the child(ren) and the type(s) of order you are applying for, starting with the oldest.

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	
	<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	
	<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	
	<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	

Give details of any fixed hearing
date or period?