

Application to be joined as, or cease to be, a party to Forced Marriage Protection Proceedings

Part 4A Family Law Act 1996

To be completed by the court

Date issued

Case number

Name of court

For further information please read the leaflet FL701 Forced Marriage Protection Orders.

1 About you (the applicant)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

Full name

Date of birth (if under 18)

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/

If you do not wish your address to be made known to the respondent or other persons, leave this space blank and complete Confidential Address Form C8 (if you have not already done so).

Address

Postcode

Telephone no. (optional)

Your solicitor's details (leave blank if you are representing yourself)

Full name

Address

Postcode

DX no.

Reference no.

Telephone no.

Fax no.