

C2

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

Name of court

Date issued

Case number

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 at www.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.

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, and I attach a completed form C100

☐ 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="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to applicant(s)		Relationship to respondent(s)	
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="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to applicant(s)		Relationship to respondent(s)	
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="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to applicant(s)		Relationship to respondent(s)	

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