

Do you have a solicitor acting for you? ☐ Yes ☐ No

If Yes, please give the following details

### Your solicitor's details

Your solicitor's name

Name of firm

Address

Postcode

Telephone number

Fax number

DX number

Solicitor's Reference

## Section 2 - Details of domestic abuse\violence or harm

In this section outline the nature and frequency of the abuse experienced by you or the child(ren) and if this has led to any involvement with the police, social services, children's services, your doctor (GP) or any other outside agency(ies). (Provide the details in the table on the page 3).

Tick any of the following kinds of abuse that you or the child(ren) have experienced:

You

Child(ren)

| Physical                 | Emotional                | Psychological            | Sexual                   |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you had or do you currently have any of the following orders and are they current?

Non-molestation order

Occupation order

Forced marriage protection order

Restraining order

Other injunctive order

| Date issued | Length of order | Current Yes/No | Name of court |
|-------------|-----------------|----------------|---------------|
|             |                 |                |               |
|             |                 |                |               |
|             |                 |                |               |
|             |                 |                |               |
|             |                 |                |               |

If you have any copies of the above orders please attached them to this form