

## 8. Are you applying for a financial remedy in relation to a child?

☐ Yes ☐ No (If No, please complete the statement of truth)

(If Yes, please complete the tables below for each child continuing on additional sheets if necessary, and then complete the statement of truth)

Name of child 1	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Applicant	<input type="text"/>
Relationship to Respondent	<input type="text"/>
Country of residence (if not England or Wales)	<input type="text"/>
Name of child 2	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Applicant	<input type="text"/>
Relationship to Respondent	<input type="text"/>
Country of residence (if not England or Wales)	<input type="text"/>

**Statement of Truth**

\*delete as appropriate

\*[I believe] [the Applicant believes] that the facts stated in this application are true

\*I am duly authorised by the Applicant to sign this statement

Print full name

Name of Applicant's solicitor's firm

Signed

(Applicant) (Litigation friend) (Applicant's solicitor)

Dated

Position or office held  
(if signing on behalf of firm  
or company)

**Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.**