

# Application to vary, extend or discharge a Female Genital Mutilation (FGM) Protection Order

To be completed by the court	
Date issued	
Case no.	

Part 1 of Schedule 2 to the Female Genital Mutilation Act 2003

**Note:** If you are an individual applicant, you **MUST NOT** serve the documents yourself on the person you are seeking the order against.

Name the court to which you are applying:

**Note:** the application should be made to the court currently dealing with the FGM proceedings (whether or not this is the court which made the order you wish to vary).

## 1. About you (the applicant)

Full name

**If you do not wish your address to be made known to the respondent** leave this space blank and if you have not already done so, complete Confidential contact details Form C8.

Address

  
  
  
  
  
  
  
  
  
  

Postcode

Phone no. (optional)

Date of birth (if under 18 years)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you are already a party to the case, give your description.

**Your solicitor's details** – if you are representing yourself leave blank

Solicitor's name

Name of firm

Address

  
  
  
  
  
  
  
  
  
  

Postcode

Reference no.

Phone no.

Fax no.

DX no.

Fee account no.

## 2. About you (the applicant)

I am applying to

- vary (give details below)
- extend (give details below)
- discharge

the order dated

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If you are applying for an order to be **varied** or **extended**, please give details of the order which you would like the court to make.

## 3. Your reason(s) for applying

State briefly your reasons for applying

#### 4. Persons to be served with this application

State the title, full name and address (where known) of

- all respondents
- the person protected by the order, and
- any other person named in the order.

#### 5. Statement of truth

\*[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 solicitors firm

Signed

(Applicant) (Applicant's solicitor)

Dated

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**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**

\*delete as appropriate

**This application is to be served upon the respondents and  
the person to be protected by the order.**

**Note:** If you are an individual applicant, you **MUST NOT** serve the documents yourself on the person you are seeking the order against.