Application for financial relief after an overseas divorce etc. under section 12 of the Matrimonial and Family Proceedings Act 1984 / Schedule 7 to the Civil Partnership Act 2004

| To be completed by the court | |
|------------------------------|---------------------|
| Name of court | Case No. (if known) |
| Name of Applicant | |
| Name of Respondent | |
| Fee charged/Remission ID | |

| | | , and the second | |
|-----------------------------------|--|--|--|
| If completing | this form by hand please use black ink and B | LOCK CAPITAL LETTERS | please tick appropriate boxes) |
| An applicat | ion by | | (name) |
| under | section 12 of the Matrimonial and Fall Schedule 7 to the Civil Partnership A | | |
| То | | | (Respondent) |
| of | | | (address) |
| You are req | quired to attend before a Judge/District | Judge | (High Court, Principal Registry or the Family Division, or name of county court) |
| at a private hearing at the | | | (full name of court and address) |
| on a date to | b be fixed on hearing an application by | | |
| for the follo | wing orders: | | |
| | n a copy of the court order dated DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | / M M / Y Y Y Y granting | permission for |
| The res | spondent consents to this application a | nd evidence of this is attache | d. |
| The res | spondent has not consented to this app | lication. | continued over the page ut> |
| | | | |

| The court has jurisdiction on the following basis to deal with these procedures | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| Special assistance or facilities for disability if you attend Court | | | | |
| If you are required to attend court during these proceedings will you need any special assistance or facilities? | | | | |
| Yes (please supply details below) No | | | | |
| | | | | |
| | | | | |
| | | | | |
| attach a statement containing the following information in support of my application – | | | | |
| The statement must: | | | | |
| state the facts relied on in support of the application with particular reference – | | | | |
| in the case of an application under the 1984 Act, to the matters set out in section 16(2) of that Act, and | | | | |
| in the case of an application under the 2004 Act, to the matters set out in paragraph 8(3) of Schedule 7 to that Act | | | | |
| give particulars of the judicial or other proceedings by means of which – | | | | |
| the marriage or civil partnership in question was dissolved or annulled, or | | | | |
| the parties to the marriage or civil partnership were legally separated, and | | | | |
| • include the following information so far as is known to the applicant – | | | | |
| in the case of an application under the 1984 Act, the names of the parties to the marriage and the date and place of the marriage | | | | |
| in the case of an application under the 2004 Act, the names of the parties to the civil partnership and the date on, and place at which it was formed | | | | |
| the occupation and residence of each of the parties to the marriage or civil partnership, as the case may be | | | | |
| whether there are any living children of the family and, if so, the number of such children and the full names (including surname) of each child and that child's date of birth or, if it be the case, that the child is over 18 | | | | |
| whether either party to the marriage or civil partnership has subsequently married or formed a civil partnership | | | | |
| an estimate in summary form of the appropriate amount or value of the capital resources and net income of each party and of any child of the family under the age of 18 | | | | |
| the grounds on which it is alleged that the court has jurisdiction to entertain an application for an orde for a financial remedy. | | | | |
| Dated DD/MMJ/YYYY | | | | |
| This application was issued by | | | | |
| *[Solicitor for] the above named | | | | |
| Applicant whose address is | | | | |
| | | | | |

| are true | believes] that the facts stated in this application and attached stateme |
|--|--|
| *I am duly authorised by | the Applicant/Respondent to sign this statement |
| Print full name | |
| Address for service | |
| Name of Applicant's/ Respondent's solicitor's fir | rm |
| Solicitor's fee account n | 0. |
| Signed | Dated / / / |
| (Applicant/Respondant's/Respond | dent) (Litigation friend) andent's solicitor) |
| Position or office held (if signing on behalf of firm | |