

# Application notice

(For use in applications made within appeals to the Family Division of the High Court)

For help in completing this form please read the notes for guidance form FP244A.

<b>Name of court</b> <b>In the Family Division of the High Court</b>	
<b>Fee account no.</b> (if applicable)	<b>Help with Fees – Ref. no.</b> (if applicable)
	<b>H W F</b> – <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/>
<b>Appeal Court Ref no.</b> (if applicable)	
<b>Appellant's name</b>	
<b>Respondent's name</b>	
<b>Date</b>	

1. What is your name or, if you are a legal representative, the name of your firm?

2. Are you a  Appellant  Respondent  Legal Representative  
 Other (please specify)

If you are a legal representative whom do you represent?

3. What order are you asking the court to make and why?

4. Have you attached a draft of the order you are applying for?  Yes  No

5. How do you want to have this application dealt with?  
 at a hearing  without a hearing  
 at a telephone hearing

6. How long do you think the hearing will last? (If known)  Hours  Minutes  
Is this time estimate agreed by all parties?  Yes  No

7. Give details of any fixed trial date or period

8. Who should be served with this application?

8a. Please give the service address, (other than details of the appellant or respondent) of any party named in question 8.

9. What information will you be relying on, in support of your application?

- the attached witness statement  
 the evidence set out in the box below

If necessary, please continue on a separate sheet.

**Statement of Truth**

(I believe) (The applicant believes) that the facts stated in this section (and any continuation sheets) are true.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
Applicant/Applicant's legal representative/  
Applicant's litigation friend

Full name \_\_\_\_\_

Name of applicant's legal representative's firm \_\_\_\_\_

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

10. Signature and address details

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
Applicant/Applicant's legal representative/Applicant's litigation friend

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

Applicant's address to which documents about this application should be sent

Postcode <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>

If applicable	
Phone no.	
Fax no.	
DX no.	
Ref no.	

E-mail address	
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**Completed forms should be returned to the**

Family Division Appeals Office, Floor 1M, Queen's Building, Royal Courts of Justice, Strand, London, WC2A 2LL  
DX 44450 Strand  
Email: [appeals.familydivision@hmcts.gsi.gov.uk](mailto:appeals.familydivision@hmcts.gsi.gov.uk)