Application on ground of failure to provide reasonable maintenance

To be completed by the Applicant						
The Family Court sitting at	Case No.					
Help with Fees – Ref no. (if applicable)						

This form should be completed if you are applying for a financial provision under: (tick only one box)

- section 27 of the Matrimonial Causes Act 1973
- Part 9 of Schedule 5 to the Civil Partnership Act 2004

Full name of applicant

Full name of respondent(s)

The applicant is the

- Spouse
- Civil Partner

of the respondent

The applicant says that the respondent has failed to (tick those that apply)

- provide reasonable maintenance for the applicant
- make a proper contribution towards maintenance for the child(ren) of the family

tick one or more of the following orders

The applicant is applying for:

- an interim periodical payments order
- a periodical payments order for the applicant
- a periodical payments order for the child(ren)
- a lump sum order for the applicant
- a lump sum order for the child(ren)

1. F	urther	details	of the	financial	ар	plication
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Please tick the appropriate box below

- The applicant has been habitually resident in England and Wales for 12 months
- The respondent is resident in England and Wales
- An agreement for the choice of court to be in England and Wales (please specify in the box below)
- Either the applicant or the respondent is domiciled in England and Wales
- **Other** (please specify in the box below)

If none of the above applies, the court may not have jurisdiction to hear the application for periodical payments.

If an application is made for any periodical payments or secured periodical payments for children please complete this section:

- there is a written agreement made before 5 April 1993 about maintenance for the benefit of children;
- there is a written agreement made on or after 5 April 1993 about maintenance for the benefit of children; or
- there is no agreement, but the applicant is applying for payment:
 - for a stepchild or stepchildren
 - in addition to child support maintenance already paid under a Child Support Agency assessment
 - to meet expenses arising from a child's disability
 - to meet expenses incurred by a child in being educated or training for work

when either the child **or** the person with care of the child **or** the absent parent of the child is not habitually resident in the United Kingdom

Other (*please state*)

If none of the above applies, the court may not have jurisdiction to hear the application for periodical payments.

Has the Child Support Agency made any calculation of maintenance in respect of the child(ren)

Yes No

If Yes, state briefly your reasons for making this application to the court including any reasons why the Child Support Agency is no longer dealing with your claim or any reasons why you need additional maintenance to top up payments made through the Child Support Agency:

If your application includes an application in relation to one or more children, please complete the tables below for each child, continuing on additional sheets if necessary

Name of child 1	
Date of birth	
Gender	Male Female
Relationship to Applicant	
Relationship to Respondent	
Country of residence (if not England or Wales)	
Name of child 2	
Date of birth	
Gender	Male Female
Relationship to Applicant	
Relationship to Respondent	
Country of residence (if not England or Wales)	

Service details

The applicant is not represented by a solicitor in these proceedings

The applicant is not represented by a solicitor in these proceedings but is receiving advice from a solicitor

The applicant is represented by a solicitor in these proceedings, who has signed the Statement of Truth on page 5 and all documents for the applicant's attention should be sent to the applicant's solicitor whose details are as follows:

Solicitor's/Applicant's details

Name of solicitor		
Name of firm		
Address to which a	l documents should be sent for service:	Telephone no.
		Fax no.
		DX no.
		Your ref.
	Postcode	Solicitor's fee account no.
E-mail		
E-IIIdii		

Respondent's address for service

Address



Postcode



*[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											
Signed							Da	ated				
	(Applicant) (L	itigation frie	end) (Ap	plicant's	s solicito	nr)						
	(pp											
	on or office l											
(if sign compa	ing on behalf iny)	of firm or										

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.