

Case number

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# Application for a conditional order of nullity – void marriage/civil partnership

Name of applicant

Section 11 Matrimonial Causes Act 1973  
Section 49 Civil Partnership Act 2004

Name of respondent

**1.** The applicant

First name(s)

Middle name(s)

Last name

applies to the judge for a conditional order of nullity in this case.

**2.** Has the respondent filed an acknowledgment of service?

Yes

No. **Go to question 4.**

**3.** Who has signed the acknowledgment of service?

the respondent, (you must attach a copy of the acknowledgment of service to this form)

a legal representative. **Go to question 6.**

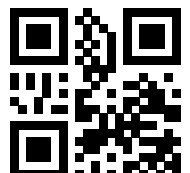
**4.** I identify the signature appearing in the statement of truth signature box on the acknowledgement of service, a copy of which I have attached to this statement and marked 'A', as the signature of my

spouse

civil partner

who is the respondent in these proceedings.

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5. The respondent has not filed an acknowledgement of service, I have attached
- a certificate of service (form **FP6**)
  - an order from the court dispensing with or deeming service
  - other evidence of service (please specify below and attach any relevant evidence)

### Statement in support of Nullity application

6. Have you read the application for nullity in this case?

- Yes
- No

7. Do you wish to alter or add to any statement in the nullity application?

- Yes. I wish to make the following alterations or additions:

**Note 7:** If you are amending anything substantial in the application, you may need to submit an amended application form and pay a fee.

Enter the details of the amendment here and the court will inform you if this is required.

- No

8. Subject to these alterations or additions (if any) is everything stated in your nullity application true?

- Yes
- No.

9. If any statement is not within your own knowledge, please indicate this and state whether it is true to the best of your information and belief.

## Statement of truth

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

**I believe** that the facts stated in this form and any continuation sheets are true.

**The applicant** believes that the facts stated in this form and any continuation sheets are true. **I am authorised** by the applicant to sign this statement.

### Signature

Applicant

Applicant's legal representative (as defined by FPR 2.3(1))

### Date

Day            Month            Year

Full name

Name of applicant's legal representative's firm

If signing on behalf of firm or company give position or office held

#### **Please return your form to:**

Bury St Edmunds Regional  
Divorce Unit  
Triton House  
St Andrew's Street North  
Bury St Edmunds  
IP33 1TR

#### **Email:**

[divorceunitbse@justice.gov.uk](mailto:divorceunitbse@justice.gov.uk)

#### **Phone:** 0300 303 0642

Monday to Friday  
8am to 6pm