Application under section 17 of The Married Women's Property Act 1882 / section 66 of the Civil Partnership Act 2004 / Application to transfer a tenancy under The Family Law Act 1996

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

If completing t	this form by hand please use black ink and BLOCK CAPITA	L LETTERS	3	
An application	n under section 17 of the Married Women's Property Act	1882		
	section 66 of the Civil Partnership Act 2004			
	Part IV Family Law Act 1996 (Transfer of Tenar	ncy)		
Between				(the Applicant)
and				(the Respondent
То				(Respondent)(s)
of				(address)
You are req	uired to attend a hearing before a District Judge			_
at the				(full name of court and address)
on [(date) at	(time)
On the hear	ring of an application by			
For an orde	er in the following terms:			

To the Respondent

Important Notice

- 1. A copy of the statement to be used in support of the application is attached.
- 2. You must complete the accompanying acknowledgement of service and send it so as to reach the court within 14 days of you receiving this application.
- 3. If you wish to oppose the application made by the applicant you must file a statement in answer with the acknowledgement of service.
- 4. If you intend to instruct a solicitor to act for you, you should at once give him all the documents served on you, so that he may take the necessary steps on your behalf.

				e procedures
Special assistan	ce or facilities fo	r disability	if you attend Co	urt
	I to attend court du supply details below)	ring these pr	oceedings will yo	u need any special assistance or facilities?
Where the app • state whether number; and	elication concerns the last the title to the last	he title to or nd is registe	possession of lar	rt of my application – nd – ed and, if registered, the Land Registry title e land or any interest in the land.
Dated /	/		This application	was issued by
			*[Name and addre	ss of [Solicitor for] the above named Applicant] *delete as appropriate
Statemo	ent of Truth			*delete as appropriate
*[I believe are true	e] [the Applicant be	lieves] that th	ne facts stated in	this application and attached statement
*I am dul	ly authorised by the	e Applicant t	o sign this statem	nent
Print full	name			
Address	for service			
Name of solicitor's	Applicant's firm			
Solicitor'	s fee account no.			
	Applicant) (Litigation	riend)		Dated / / /
Position	Applicant's solicitor) or office held on behalf of firm			