



## Acknowledgment

Section 54 or 54A of the  
Human Fertilisation and  
Embryology Act 2008

Name of court
Case number

**To the applicant(s):** You will need a copy of this form for each respondent and birth parent.

On each copy you must put in the boxes:

- the name and address of each respondent or birth parent, and the name of the child.

Respondent's name and address
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### To the respondent

The birth name of the child  
*Put the surname last*

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You will get with this form a copy of

- an application that has been made to the court.

Please

- read the application
- answer the questions on the other side of this form.

The court will send you a Notice of Hearing separately.

#### You must

- return this acknowledgment to the court at the address below
- send or give a copy of this acknowledgment to the applicant(s), birth parent(s) and each respondent (see parts 2, 3, and 6 of the application form) **within 7 days**

from the date you were given the Notice of Hearing

**or** of the post mark on the envelope, if the Notice was posted to you.

<i>To the court:</i> insert the name and address of your court
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The court office is open from          am to          pm on Monday to Friday

# Acknowledgment

Case number
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**1.** (a) **Your name**  
*Put your surname last*

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(b) **Your address**  
*If you do not wish your address to be made known to the applicant(s), leave the address details blank and complete Confidential contact details form C8. You can get a copy of this form from any family court office or from our website at [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)*

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(c) **When did you receive this form?**

D	D	/	M	M	/	Y	Y	Y	Y
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**2.** a) **Have you given consent to the court making a Parental Order?**  Yes  No

b) **Do you wish to oppose the application?**  Yes  No

If Yes, please explain briefly why

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**3.** **Do you wish to give evidence on the question as to whether a Parental Order should be made?**  Yes  No

If Yes, please give brief details

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4. Do you have a solicitor acting for you?  Yes  No

If Yes, please give the following details

Your solicitor's name

Name of firm

Address   
Postcode

Telephone number

Fax number

DX number

Solicitor's Reference

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5. **I declare** that the information I have given is true and correct to the best of my belief.

Signed

Date