

Case number

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## Statement of reconciliation

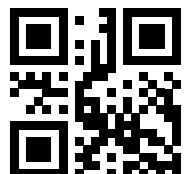
Name of applicant 1/sole applicant

Name of applicant 2

Name of respondent

1. Solicitor's name in the above case.
  
2. Acting for the
  - ☐ sole applicant
  - ☐ applicant 1
  - ☐ applicant 2
  
3. Have you discussed with the applicant(s) the possibility of a reconciliation?
  - ☐ Yes
  - ☐ No
  
4. Have you given to the applicant(s) the names and addresses of persons qualified to help effect a reconciliation?
  - ☐ Yes
  - ☐ No

HMCTS USE ONLY



## 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 are true.

### Signature

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

### Date

Day            Month            Year

Full name

Name and address of applicant's legal representative's firm

Building and street

Second line of address

Town or city

County (optional)

Postcode

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### Please return your form to:

HMCTS Divorce and  
Dissolution service  
PO Box 13226  
Harlow  
CM20 9UG

### Email:

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

### Phone: 0300 303 0642

Monday to Friday  
10am to 6pm