

Case number

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Statement of reconciliation

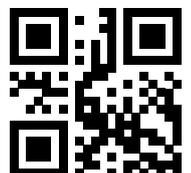
Name of applicant 1/sole applicant

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

Phone: 0300 303 0642
Monday to Friday
10am to 6pm