

Case number

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Medical examination: statement of parties and examiner

Name of applicant

Name of respondent

Section 1 – to be completed by the applicant

1. Your name

2. Address

Building and street

Second line of address

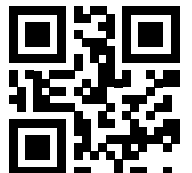
Town or city

County (optional)

Postcode

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HMCTS USE ONLY



3. I declare that I am the person referred to as the

Applicant

Respondent

in the order dated

Day

Month

Year

appointing (name of medical examiner)

to examine me in accordance with the directions set out in the order.

Signature

Date

Day

Month

Year

Section 2 – to be completed by the medical examiner

4. Name of medical examiner

5. Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

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I, the medical examiner named in the order, certify that the above statement was signed in my presence by the person I have examined in accordance with the directions set out in the order dated

Day

Month

Year

Signature

Date

Day

Month

Year

Please return your form to:

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

Email:

contactdivorce@justice.gov.uk

Phone: 0300 303 0642

Monday to Friday
10am to 6pm