



DA2

Application for leave to apply for a domestic abuse protection order (DAPO)

Part 3 of the Domestic Abuse Act 2021

To be completed by the court

Court name

Date issued

Day

Month

Year

Case number

1. About you (the applicant)

1.1 Your name

First name(s)

Last name

1.2 If you're applying on behalf of an organisation, what is its name?

1.3 Position in the organisation and nature of the organisation (if applicable)

Note 1: Anyone can ask for the court's permission to apply for a DAPO on behalf of the person to be protected. This could apply to you if you're a friend or relative, or you work for an organisation that would like to make an application. This could include domestic abuse support workers, social workers, health professionals and local authorities.

2. About the person to be protected

2.1 Their full name

First name(s)

Last name

3. Your reasons for applying on behalf of the person to be protected

State briefly your reasons including:

- your connection with the person to be protected
- what you know of the circumstances of the person to be protected and why you're applying on their behalf
- whether the person to be protected is aware you're making an application on their behalf and whether they support it. If they're not aware or do not support you making the application, please explain why
- if you're applying without notice to the respondent, explain why notice has not been given

Please enclose a copy of your DA1 form with this application.

4. 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 and any continuation sheets are true.

The applicant believes that the facts stated in this form and any continuation sheets are true. **I am authorised** by the applicant to sign this statement.

Signature

Applicant

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

Date

Day	Month	Year

Full name

Name of applicant's legal representative's firm

If signing on behalf of firm or company give position or office held