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# Confidential contact details

Form C8

*Family Procedure Rules 2010 Rule 29.1*

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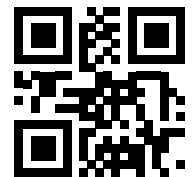
The Court

Case number

The full name(s) of the child(ren)

HMCTS USE ONLY

Your full name



Are you currently resident in a refuge?  Yes  No

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## **The omitted contact details**

Use this form if you do not want to reveal your contact details in family court proceedings. For example, if you believe the other people in the case pose a risk to you or your children.

This includes your address, telephone number, email address and any contact details of children you are responsible for. These details will be kept for use by the court and the Children and Family Court Advisory and Support Service (Cafcass) or CAFCASS Cymru. They will not be revealed to anyone else, except by order of the court.

You must make sure that any form or document, either completed by you now, or at a later date, for use in court **does not** contain the information you wish to keep private. This includes documents received from other people, for example medical reports or financial statements.

**The court staff are not able to check the documents you submit to the court for any unintentional disclosure of your contact details.**

Please list below the contact details that you wish to keep private. Only include contact details which you believe the other people in the case do not already know.

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**Do not attach this document to any other form.**

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

### Signature

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

### Date

Day

Month

Year

Full name

Name of Applicant's/Respondent's legal representative's firm

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