

Application to be joined as, or cease to be, a party to a Female Genital Mutilation (FGM) Protection Order

Part 1 of Schedule 2 to the
Female Genital Mutilation Act 2003

To be completed by the court	
Date issued	
Case no.	
Name of court	

For further information, please read the leaflet FGM700 Female Genital Mutilation Protection Orders

1. About you (the applicant)

Mr. Mrs Miss Ms Other (please specify)

Full name

Date of birth (if under 18)

--	--	--	--	--	--	--	--	--	--

If you do not wish your contact details to be known to the other person or people in the case, leave the details below blank and complete the confidential contact details form **C8**. You can get a copy of form **C8** from hmctsformfinder.justice.gov.uk or from any family court office. Make sure that any documents submitted with this form, or at a later date, **do not** disclose those confidential contact details.

Address

Postcode <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/>

Phone no. (optional)

Date of birth (if under 18 years)

--	--	--	--	--	--	--	--	--	--

2. Your reason(s) for applying on behalf of the person to be protected

State briefly your reasons for applying

3. The persons to be served with this application (the respondent(s))

If there are more than two respondents please continue on a separate sheet.

Respondent 1

Mr Mrs Miss Ms Other (please specify)

Full name

If there are more than two people in the case and respondent 1's contact details need to be kept confidential from other people in the case, leave the details below blank and complete the confidential contact details form **C8**. You can get a copy of the form **C8** from hmctsformfinder.justice.gov.uk or from any family court office. Make sure that any documents you submit with this form, or at a later date, **do not** disclose those confidential contact details.

Address

Postcode

Date of birth (if known)

--	--	--	--

5. 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 application are true.

The applicant believes that the facts stated in this application 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

--