

Application to be joined as, or cease to be, a party to Forced Marriage Protection Proceedings

Part 4A Family Law Act 1996

To be completed by the court

Date issued

Case number

Name of court

For further information please read the leaflet FL701 Forced Marriage Protection Orders.

1 About you (the applicant)

Mr. Mrs. Ms. Miss Other _____

Full name

Date of birth (if under 18)

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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

Telephone no. (optional)

Your solicitor's details (leave blank if you are representing yourself)

Full name

Address

Postcode

DX no.

Reference no.

Telephone no.

Fax no.

Fee account no.

2 Your reasons for applying

State briefly your reasons:

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 of paper.

If there are more than two people in the case and one (or more) respondent's contact details need to be kept confidential from other people in the case, leave their contact details 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.

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Date of birth (if known)

//

Mr. Mrs. Ms. Miss Other _____

Full name

Address

Postcode

Date of birth (if known)

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4 At the court

If you require an interpreter, you must notify the court now so that one can be arranged.

Will you need an interpreter at court?

Yes No

If Yes, specify the language and dialect:

If you have a disability for which you require special assistance or special facilities, please state what your needs are. The court staff will get in touch with you about your requirements.

Please say whether the court needs to make any special arrangements for you to attend court (e.g. providing you with a separate waiting room from the respondent or other security provisions).

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

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Applicant

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

Date

Day Month Year

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Full name

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Name of applicant's legal representative's firm

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

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