

## Application related to enforcement of a child arrangements order

The booklet 'CB5 - Applications related to enforcement of a child arrangements order' will help you complete this form. You can get a copy of all forms and leaflets from your local court or you can download copies from our website [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)

### Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary.

Cafcass - Children and Family Court Advisory and Support Service (in England); CAFCASS CYMRU - Children and Family Court Advisory and Support Service Wales.

#### To be completed by the court

Name of court

Date issued

Case number

Child(ren)'s name(s)

Child(ren)'s number(s)

Help with Fees –  
Ref no. (if applicable)

**H W F** -    -

## 1. About the current child arrangements order which determine who a child should have contact with or spend time with and when

See CB5 Note B

Name of court

Court case number if known

Date of order

  /   /    

Full name of the person who made the application

Name of child(ren)

Please attach a copy of the order where available.

## 2. What order(s) are you applying for?

See CB5 Note C

**an enforcement order**

If the child arrangements order is not being complied with

**for the court to take action following breach of an existing enforcement order**

If the unpaid work requirement in the enforcement order has not been complied with

**an order for compensation for financial loss**

If you have lost money because the child arrangements order is not being complied with

**to revoke an existing enforcement order**

To cancel the enforcement order

**to amend an existing enforcement order by reason of a change of residence**

To change the local justice area where you wish to complete the unpaid work

**for amendment of the hours of unpaid work specified in an existing enforcement order**

To reduce the hours in the order

**to extend the period of 12 months set for completion of the unpaid work**

To allow you to do the work over a longer period

### 3. About you (the applicant)

Your first name

Middle name(s)

Surname

Date of birth

Sex  Male  Female

If you do not wish your address to be made known to the respondent, leave the address details blank and complete Confidential Address Form C8. You can get a copy of this form from any family court office or from our website at hmctsformfinder.justice.gov.uk

Address

Postcode

Home telephone number

Mobile telephone number

Email address

Do you have a solicitor acting for you?  Yes  No

See CB5 Note L

If Yes, please give the following details

Your solicitor's name

Name of firm

Address

Postcode

Telephone number

Email address

DX number

Solicitor's Reference

Fee account no.

**Applicant 2 (if applicable)** \_\_\_\_\_

Your first name

Middle name(s)

Surname

Date of birth

 /  / 

Sex  Male  Female

If your address details and those of your solicitor are different from the first applicant please provide details of these on a separate sheet.

What is your relationship to the applicant listed above?

**4. The child(ren) in respect of whom this order is sought**

Please give details of the child(ren), starting with the oldest.  
If there are more than 4 children please continue on a separate sheet.

**Child 1** \_\_\_\_\_

First name

Middle name(s)

Surname

Date of birth

 /  / 

Sex  Male  Female

What is your relationship to the child?

Applicant 1	Applicant 2
<input type="text"/>	<input type="text"/>

**Child 2** \_\_\_\_\_

First name

Middle name(s)

Surname

Date of birth

 /  / 

Sex  Male  Female

What is your relationship to the child?

Applicant 1	Applicant 2
<input type="text"/>	<input type="text"/>

**Child 3**

First name

Middle name(s)

Surname

Date of birth

 /  / 

Sex

Male

Female

What is your relationship to the child?

Applicant 1	Applicant 2
<input type="text"/>	<input type="text"/>

**Child 4**

First name

Middle name(s)

Surname

Date of birth

 /  / 

Sex

Male

Female

What is your relationship to the child?

Applicant 1	Applicant 2
<input type="text"/>	<input type="text"/>

## 5. The respondents' details

See CB5 Note D

If there are more than 2 respondents please continue on a separate sheet.

### Respondent 1 ---

Respondent's first name

Middle name(s)

Surname

Date of birth

  /   /    

Sex  Male  Female

Address

  
  
  
  
  
  
Postcode 

Email address

Relationship to the child(ren)

Name of child	Relationship

Does the respondent have a solicitor acting for them?

Yes  No  Don't know

If Yes, please provide the details below.

### Respondent's solicitor ---

Name of respondent's solicitor

Name of firm

Address

  
  
  
  
  
  
Postcode 

Telephone number

Email address

DX number

**Respondent 2** \_\_\_\_\_

Respondent's first name

Middle name(s)

Surname

Date of birth // Sex  Male  Female

Address

Postcode

Email address

Relationship to the child(ren)	Name of child	Relationship

Does the respondent have a solicitor acting for them?  Yes  No  Don't know

If Yes, please provide the details below.

**Respondent's solicitor** \_\_\_\_\_

Name of respondent's solicitor

Name of firm

Address

Postcode

Telephone number

Email address

DX number

**6. Other persons to be notified**

See CB5 Note D

**Person 1** \_\_\_\_\_

Full name

Address

  
  
  
Postcode 

**Person 2** \_\_\_\_\_

Full name

Address

  
  
  
Postcode

## 7. Why are you making this application?

7a. If you are applying for:

- **An enforcement order**

See CB5 Note C

please tell us about why you are making this application, if not go to 7b.

This might include:

- How the child arrangements have been broken
- When this happened
- How long since you had contact with the child(ren)

7b. If you are applying for:

- **An order for compensation for financial loss**

See CB5 Note C

please tell us about why you are making this application, if not go to 7c.

Amount claimed (total figure)

£

Please explain why you are making this claim and attach any receipts or other evidence of financial loss.



7c. If you are applying for:

- **Action as a result of breach of an enforcement order**

◀ See CB5 Note C

please tell us about why you are making this application, if not go to 7d.

Please tell us how the enforcement order has been breached.

Please attach a copy of the enforcement order if available.

Name of court where the enforcement order was made

◀ See CB5 Note C

Name of local justice area responsible for the enforcement order

Date enforcement order was made

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

7d. If you are applying to:

- **Revoke an enforcement order**
- **Amend an enforcement order**
- **Amend the hours of unpaid work specified in an enforcement order**
- **Extend the period of 12 months for completion of unpaid work in an enforcement order**

please tell us why you are making this application, if not **go to section 8**.

This might include:

- How your circumstances have changed since the enforcement order was made
- How often contact is now taking place
- Why you think the hours or time period should be amended.

Please attach a copy of the enforcement order, if available.

 See CB5 Note C

Name of local justice area responsible for the enforcement order

Date enforcement order made

D D / M M / Y Y Y Y

Number of hours of unpaid work required

Number of hours of unpaid work completed

Number of hours of unpaid work outstanding

What are the new proposed hours?

If requesting extension of the 12 month period for completion, what is the new proposed completion date?

D D / M M / Y Y Y Y

 See CB5 Note C

If you are applying to amend the order because you are moving house, what will be the name of the new local justice area?

If you are moving house what will your new address be?

When will you start living there?

D D / M M / Y Y Y Y

## 8. Current court cases which concern the child(ren)

Are you aware of any other ongoing court cases which concern any of the children at Section 4?

- Yes
- No      If No, please **go to Section 9**

If Yes, please provide additional details about which child(ren) are involved in other court cases?

### Additional details

Name of child(ren)

Name of the court where proceedings are being heard

Case no.

Name of Cafcass/CAFCASS CYMRU Officer (if any)

Name and address of child's solicitor, if any and if known

Postcode

Email address

**If the above details are different for each child please provide details on additional sheets.**

Please tick if additional sheets are attached.

## 9. Statement of truth

\*[I believe] [The applicant/respondent believes] that the facts stated in this application are true.

\*delete as appropriate

\*I am duly authorised by the applicant/respondent to sign this statement.

Print full name

Name of applicant solicitors firm

Signed

Dated

   /   /    

(Applicant) (Applicant's solicitor)

Position or office held  
(If signing on behalf of firm or company)

**Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.**

## 10. Attending the court

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

Do you or any of the parties need an interpreter at court?

Yes  No

If Yes, please specify the language and dialect:

If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?

Yes  No

If Yes, please say what the needs are

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).

Court staff may get in touch with you about the requirements

### Checklist

Please check that you have completed all parts of the form and attached all the relevant documents:

- a copy of the child arrangements order or court case number
- appropriate fee enclosed (leaflet EX50 provides information about court fees)
- copies of the application and documents attached for each respondent, and one for Cafcass/CAFCASS CYMRU
- a copy of the enforcement order (if any previously made)
- any receipts or other documentary evidence to support financial loss claim (if applicable)
- details of additional children, if there are more than four children in Section 4
- details of additional respondents, if there are more than two respondents in Section 5

#### Court fees

You may be exempt from paying all or part of the fee. The combined booklet and application form 'EX160A Court and Tribunal Fees - Do you have to pay them' gives more information. You can get a copy from the court or download a copy from our website at [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)

**Now take or send your application with the correct fee and correct number of copies to the court.**