Application under section 17 of The Married Women's Property Act 1882 / section 66 of the Civil Partnership Act 2004 / Application to transfer a tenancy under The Family Law Act 1996

| To be completed by the court | | | | | |
|------------------------------|---------------------|--|--|--|--|
| Name of court | Case No. (if known) | | | | |
| Name of Applicant | | | | | |
| Name of Respondent | | | | | |
| Fee charged/Remission ID | | | | | |

| If completing | g this form by hand please use black ink and BLO | CK CAPITAL LETTER | S | | |
|----------------|--|-------------------|-----------|-----------|-----------------------|
| An application | on under section 17 of the Married Women's P section 66 of the Civil Partnership Ac Part IV Family Law Act 1996 (Trans | t 2004 | | | |
| Between | _ | | | (the Ap | pplicant) |
| and | | | | the Re | spondent |
| То | | | | (Respor | ndent)(s) |
| of | | | | addres | s) |
| | | | | | |
| You are re | quired to attend a hearing before a District | Judge | | _ | |
| at the | | | | (full nar | me of court dress) |
| on | | | (date) at | | (time) |
| On the hea | aring of an application by | | 1 | | |
| For an ord | er in the following terms: | | | | |
| | | | | | |

To the Respondent

Important Notice

- 1. A copy of the statement to be used in support of the application is attached.
- 2. You must complete the accompanying acknowledgement of service and send it so as to reach the court within 14 days of you receiving this application.
- 3. If you wish to oppose the application made by the applicant you must file a statement in answer with the acknowledgement of service.
- 4. If you intend to instruct a solicitor to act for you, you should at once give him all the documents served on you, so that he may take the necessary steps on your behalf.

| he court has juri | sdiction on the foll | owing basis | to deal with these | e procedures |
|---|---|-----------------------------------|---------------------|---|
| | | | | |
| | | | | |
| Special assistan | ce or facilities fo | r disability | if you attend Co | ourt |
| | I to attend court du supply details below) | | roceedings will yo | u need any special assistance or facilities? |
| | | | | |
| Where the app • state whether number; and | elication concerns the land | the title to or and is registe | possession of la | rt of my application – nd – ed and, if registered, the Land Registry title e land or any interest in the land. |
| Dated DD/M | M / Y Y Y | | This application | was issued by |
| | | | | |
| | | | *[Name and addre | ess of [Solicitor for] the above named Applicant] *delete as appropriate |
| Stateme | ent of Truth | | | *delete as appropriate |
| *[l believe are true | e] [the Applicant be | elieves] that t | he facts stated in | this application and attached statement |
| *I am dul | ly authorised by th | e Applicant t | to sign this staten | nent |
| Print full | name | | | |
| Address | for service | | | |
| Name of solicitor's | Applicant's firm | | | |
| Solicitor' | s fee account no. | | | |
| | Applicant) (Litigation | friend) | | Dated DD/MM/YYYY |
| Position | Applicant's solicitor) or office held on behalf of firm ny) | | | |