

# 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)

/ / 

**If you do not wish your address to be made known to the respondent or other persons, leave this space blank and complete Confidential Address Form C8 (if you have not already done so).**

Address

Postcode
<input type="text"/> <input type="text"/>

Telephone no. (optional)

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

Full name

Address

Postcode
<input type="text"/> <input type="text"/>

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.

Mr.     Mrs.     Ms.     Miss     Other \_\_\_\_\_

Full name

Address

Postcode

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Date of birth (if known)

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Mr.     Mrs.     Ms.     Miss     Other \_\_\_\_\_

Full name

Address

Postcode

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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).

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Signed:

Date:

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