



FAMILY PROCEEDINGS COURT FALKLAND ISLANDS

C2 - Application

Use this Application:

- for permission to start proceedings
- For an order or directions in existing proceedings
- To be joined as, or cease to be, a party in existing family proceedings under the Children Ordinance 2014.

Section 1 - Summary of Application

Full name of the applicant(s)

Full name of the respondent(s)

Are you asking for permission to make this application, where that is Yes No Permission not required
required?

If you are making an application in existing proceedings, please give the existing case number(s)

Please list the name(s) of the child(ren) and the type(s) of order you are applying for, starting with the oldest.

Child 1 -Full name of child	Date of birth <i>(dd/mm/yyyy)</i>	Gender	Order(s) applied for
		Male	
	Don't know	Female	
Relationship to applicant(s)		Relationship to respondent(s)	
Child 2 -Full name of child	Date of birth <i>(dd/mm/yyyy)</i>	Gender	Order(s) applied for
		Male	
	Don't know	Female	
Relationship to applicant(s)		Relationship to respondent(s)	
Child 3 -Full name of child	Date of birth <i>(dd/mm/yyyy)</i>	Gender	Order(s) applied for
		Male	
	Don't know	Female	
Relationship to applicant(s)		Relationship to respondent(s)	

Section 2 - About you (the applicant(s))

Applicant 1(You)

Applicant 2 (if applicable)

Full names		
Previous names <i>(if any)</i>		
Gender		
Date of birth		
Place of birth (town/county/country)		
IF YOU DO NOT WISH YOUR ADDRESS TO BE MADE KNOWN TO THE RESPONDENT, leave the details below blank and complete Confidential Contact Details (Form C8). Please ensure that any documents submitted with this form or at a later date, DO NOT disclose the confidential contact details you wish to withhold.		
Address		
Home telephone number		
Mobile telephone number		
Email address		

Section 3 - The respondent(s)

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

	<u>Respondent 1</u>	<u>Respondent 2</u>
Full names		
Previous names <i>(if known)</i>		
Gender		
Date of birth		
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
Place of birth (town/county/country)		
Address		
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
Home telephone number		
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
Mobile telephone number		
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
Email address		
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

Section 4. Others who should be given notice

	<u>Person 1</u>	<u>Person 2</u>
Full names		
Previous names <i>(if known)</i>		
Gender		
Date of birth		
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
Place of birth (town/county/country)		
Address		
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
Please state their relationship to the children listed on page 1. If their relationship is not the same to each child please state their relationship to each child.		

Section 5. Legal Practitioner's details

Do you have a legal practitioner acting for you?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please give the following details

Your legal practitioner's name:

Name of firm:

Address:

Telephone number:

Legal practitioner's reference:

Email address:

Section 6. Details of Application

Please give brief details about what you are applying for and your reasons for making the application.

Section 7 - Attending 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 require the court to appoint an interpreter or arrange any other assistance (e.g. sign language signer)?		Yes		No	
	If Yes, please give details:				
If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?					
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					

Section 12 - Statement of truth

**delete as applicable* *~~[I believe]~~ [The applicant/respondent believes] that the facts stated in this application are true.
*I am duly authorised by the applicant/respondent to sign this statement.

Print full name

Name of Legal Practitioner's firm

Signed:

Dated:

(Applicant) (Respondent) (*s Legal Practitioner)

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.

What to do next?

If you are applying for permission to issue an application

- Check you have attached copies of the form C100 application or C1 application and form C1A is appropriate
- Check any necessary documents are attached to the C100 or C1 application

For all applications

- Check you have completed and signed Section 8 of this form
- Check you have the correct fee