SCHEDULE 2 Rule 8(d)

FORM TO BE SUBSTITUTED IN THE MAGISTRATES' COURTS (CHILDREN (NORTHERN IRELAND) ORDER 1995) RULES (NORTHERN IRELAND) 1996

"FORM C4ACKNOWLEDGEMENT

The Court

The full name of the applicant

The full name(s) of the child(ren)

Date of [Hearing] [Directions Appointment]

What you (the person receiving this form) should do

- Answer the questions overleaf. **If the applicant is asking only for financial relief in respect of the child(ren) named above, you do not need to answer questions 6 and 7.**
- If you need more space for an answer use a separate sheet of paper. Please put your full name and case number at the top.
- If the applicant has asked the court to order you to make a payment for a child you must also fill in a Statement of Means (Form C7A). You can obtain this form from a court office if one has not been enclosed with the papers served on you.
- **If you answer "Yes" to both parts of question 6, and/or question 7, you must also fill in Supplemental Information Form (Form C1AA).** You can obtain this form from a court office if one has not been enclosed with the papers served on you.
- When you have answered the questions make copies of both sides of this form. You will need a copy for the applicant, and each party named in Part 4 of Form C1.
- Post, or hand, a copy to the applicant and to each party. Then post, or take, this form, and the Statement of Means if you filled one in, to the court at the address below.

  You must do this **within 14 days** of the date when you were served with the summons, **or** of the postmark on the envelope if the Notice of Proceedings was posted to you.

To be completed by the court

The court office is open

from am to pm

on Mondays to Fridays

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1. About you	Full name
	Date of birth
	Address
Please give a daytime telephone number if you can	Telephone Number
2. About your solicitor	Name
*If you do not have a solicitor put **None**. (But see note 3 on the Notice of Proceedings which was served on you).*	Address
	Telephone Number
	FAX Number
	DX Number
3. Address to which letters and other papers should be sent.	
4. The application was received on:	
5. Do you oppose the application?	
6. Did you receive a completed Supplemental Information Form (Form C1AA) from the applicant with the papers served on you?	☐ Yes ☐ No
If Yes, do you wish to comment on any of the statements made in that form by the applicant?	☐ Yes ☐ No
7. Do you believe that the child(ren) named above have suffered or are at risk of suffering any harm from any of the following or through seeing or hearing any of the following: • any form of domestic abuse • violence within the household • other conduct or behaviour • ill treatment of another person by any person who—	☐ Yes ☐ No

(a) is or has been involved in caring for the child(ren); or
(b) lives with, or has contact, with the child(ren)?

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8. Do you intend to apply to the court for an order?

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9. Will you use an interpreter at court?

   If Yes state the language into which the interpreter will translate.

   Note: If you require an interpreter you must bring your own.

Signed (Respondent) Date