

*This Statutory Instrument has been made in consequence of a defect in [S.I. 2004/3375 \(L.25\)](#) and is being issued free of charge to all known recipients of that Statutory Instrument.*

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STATUTORY INSTRUMENTS

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**2005 No. 412 (L. 5)**

**FAMILY PROCEEDINGS,  
ENGLAND AND WALES  
SUPREME COURT OF ENGLAND AND WALES  
COUNTY COURTS, ENGLAND AND WALES**

**The Family Proceedings (Amendment No. 2) Rules 2005**

|                               |         |                           |
|-------------------------------|---------|---------------------------|
| <i>Made</i>                   | - - - - | <i>27th February 2005</i> |
| <i>Laid before Parliament</i> |         | <i>2nd March 2005</i>     |
| <i>Coming into force</i>      | - -     | <i>3rd March 2005</i>     |

We, the authority having power under section 40(1) of the Matrimonial and Family Proceedings Act 1984(1) to make rules of court for the purposes of family proceedings in the High Court and county courts, in the exercise of the powers conferred by section 40, make the following Rules:

1. These Rules may be cited as the Family Proceedings (Amendment No. 2) Rules 2005 and shall come into force on 3rd March 2005.
2. For Forms C1, C2 and C7 in Appendix 1 to the Family Proceedings Rules 1991(2) substitute the forms set out in the Schedule to these Rules.

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(1) [1984 c. 42](#); amended by paragraph 50 of Schedule 18 to the Courts and Legal Services Act 1990 (c. 41) and paragraph 278 of Schedule 8, and Schedule 10, to the Courts Act 2003 from a date to be appointed.

(2) [S.I. 1991/1247](#); amended by [S.I. 1994/3155](#) and [2004/3375](#); there are other amending instruments but none is relevant.

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27th February 2005

*Falconer of Thoroton, C  
Elizabeth Butler-Sloss, P  
Angela Finnelly  
Philip Waller  
Bruce Edgington  
Charles Hyde*

SCHEDULE

Rule 2

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Application for an order

Form C1

*Children Act 1989*

|                                    |                              |
|------------------------------------|------------------------------|
| The court                          | To be completed by the court |
| The full name(s) of the child(ren) | Date issued                  |
|                                    | Case number                  |
|                                    | Child(ren)'s number(s)       |

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**Important Note**

**You should only answer question 7** if you are asking the court to make one of the following orders: **a Contact Order, a Residence Order, a Prohibited Steps Order, a Specific Issue Order or a Parental Responsibility Order.**

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**1 About you (the person completing this form known as 'the applicant')**

*State:*

- *your title, full name, address, telephone number, date of birth and relationship to each child above*
- *your solicitor's name, address, reference, telephone, FAX and DX numbers.*

**2 The child(ren) and the order(s) you are applying for**

*For each child state:*

- *the full name, date of birth and sex*
- *the type of order(s) you are applying for (for example, residence order, contact order, supervision order).*

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### **3 Other cases which concern the child(ren)**

*If there have ever been, or there are pending, any court cases which concern:*

- *a child whose name you have put in paragraph 2*
- *a full, half or step brother or sister of a child whose name you have put in paragraph 2*
- *a person in this case who is or has been, involved in caring for a child whose name you have put in paragraph 2*

*attach a copy of the relevant order and give:*

- *the name of the court*
- *the name and contact address (if known) of the children's guardian, if appointed*
- *the name and contact address (if known) of the children and family reporter, if appointed*
- *the name and contact address (if known) of the welfare officer, if appointed*
- *the name and contact address (if known) of the solicitor appointed for the child(ren).*

### **4 The respondent(s)**

*Appendix 3 Family Proceedings Rules 1991; Schedule 2 Family Proceedings Courts (Children Act 1989) Rules 1991*

*For each respondent state:*

- *the title, full name and address*
- *the date of birth (if known) or the age*
- *the relationship to each child.*

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## 5 Others to whom notice is to be given

*Appendix 3 Family Proceedings Rules 1991; Schedule 2 Family Proceedings Courts (Children Act 1989) Rules 1991*

*For each person state:*

- *the title, full name and address*
- *the date of birth (if known) or the age*
- *the relationship to each child.*

## 6 The care of the child(ren)

*For each child in paragraph 2 state:*

- *the child's current address and how long the child has lived there*
- *whether it is the child's usual address and who cares for the child there*
- *the child's relationship to the other children (if any).*

## 7 Domestic abuse, violence or harm

*Do you believe that the child(ren) named above have suffered or are at risk of suffering any harm from any of the following:*

- *any form of domestic abuse*
- *violence within the household*
- *child abduction*
- *other conduct or behaviour*

*by any person who is or has been involved in caring for the child(ren) or lives with, or has contact with, the child(ren)?*

*Please tick the box which applies*

Yes

No

**If you tick the Yes box, you must also fill in Supplemental Information Form (form CIA). You can obtain a copy of this from a court office if one has not been enclosed with the papers served on you.**

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## 8 Social Services

*For each child in paragraph 2 state:*

- *whether the child is known to the Social Services. If so, give the name of the social worker and the address of the Social Services department.*
- *whether the child is, or has been, on the Child Protection Register. If so, give details of registration.*

## 9 The education and health of the child(ren)

*For each child state:*

- *the name of the school, college or place of training which the child attends*
- *whether the child is in good health. Give details of any serious disabilities or ill health.*
- *whether the child has any special needs.*

## 10 The parents of the child(ren)

*For each child state:*

- *the full name of the child's mother and father*
- *whether the parents are, or have been, married to each other*
- *whether the parents live together. If so, where.*
- *whether, to your knowledge, either of the parents have been involved in a court case concerning a child. If so, give the date and the name of the court.*

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## 11 The family of the child(ren) (other children)

*For any other child not already mentioned in the family (for example, a brother or half sister) state:*

- *the full name and address*
- *the date of birth (if known) or age*
- *the relationship of the child to you.*

## 12 Other adults

*State:*

- *the full name of any other adults (for example, lodgers) who live at the same address as any child named in paragraph 2*
- *whether they live there all the time*
- *whether, to your knowledge, the adult has been involved in a court case concerning a child. If so, give the date and the name of the court.*

## 13 Your reason(s) for applying and any plans for the child(ren)

*State briefly your reasons for applying and what you want the court to order.*

- **Do not** give a full statement if you are applying for an order under Section 8 of Children Act 1989. You may be asked to provide a full statement later.
- **Do not** complete this section if this form is accompanied by a supplementary form.

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**14 Attending the court**

State:

- whether you will need an interpreter at court. If so, please indicate what language interpreter you will use. If you require an interpreter you must notify the court immediately so that one can be arranged.
- whether you have a disability for which you require special assistance or special facilities. If so, please say what your needs are. The court staff will get in touch with you about your requirements.

**15 Parenting Information – Arrangements after Separation**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Have you received a Parenting Plan booklet?<br>(If No, you may obtain a copy from a court office,<br>a citizen's advice bureau or other family advice service.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you agreed to a Parenting Plan?<br>(If Yes, please include a copy of the Plan when you send<br>your application to the court)                              | <input type="checkbox"/> | <input type="checkbox"/> |
| If you did agree a Parenting Plan, has the Plan<br>broken down?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please explain briefly why the Plan broke down –  |                          |                          |

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|                       |      |
|-----------------------|------|
| Signed<br>(Applicant) | Date |
|-----------------------|------|

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C1



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## Application

Form C2

- for leave to commence proceedings  
*Family Proceedings Rules 1991 Rule 4.3*  
*Family Proceedings Courts (Children Act 1989) Rules 1991 Rule 3*
- for an order or directions in existing family proceedings  
*Children Act 1989*
- to be joined as, or cease to be, a party in existing family proceedings  
*Family Proceedings Rules 1991 Rule 4.7(2)*  
*Family Proceedings Courts (Children Act 1989) Rules 1991 Rule 7(2)*

|                                    |                              |
|------------------------------------|------------------------------|
| The court                          | To be completed by the court |
|                                    | Date issued                  |
|                                    | Case number                  |
| The full name(s) of the child(ren) | Child(ren)'s number(s)       |

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### Important Note

**You should only answer question 4** if you are asking the court to make one of the following orders: **a Contact Order, a Residence Order, a Prohibited Steps Order, a Specific Issue Order or a Parental Responsibility Order.**

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### 1 About you (the person making this application)

State:

- your title, full name, address, telephone number, date of birth and relationship to each child above
- your solicitor's name, address, reference, telephone, FAX and DX numbers
- if you are already a party to the case, give your description (for example, applicant, respondent or other).

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**2 The order(s) or direction(s) you are applying for**

State for each child:

- the full name, date of birth and sex
- the type of order(s) or direction(s) you are applying for (for example, residence order, contact order, supervision order).

**3 Persons to be served with this application**

For each respondent to this application state the title, full name and address.

**4 Domestic abuse, violence or harm**

Do you believe that the child(ren) named above have suffered or are at risk of suffering any harm from any of the following:

- any form of domestic abuse
- violence within the household
- child abduction
- other conduct or behaviour

by any person who is or has been involved in caring for the child(ren) or lives with, or has contact with, the child(ren)?

Yes No

Please tick the box which applies

*If you tick the Yes box, you must also fill in Supplemental Information Form (form CIA). You can obtain a copy of this from a court office if one has not been enclosed with the papers served on you.*

**5 Your reason(s) for applying and any plans for the child(ren)**

State briefly your reasons for applying.

**Do not** give a full statement if you are applying for an order under Section 8 Children Act 1989.

You may be asked to provide a full statement later.

**6 Attending the court**

State:

- whether you will need an interpreter at court. If so, please indicate what language interpreter you will use. If you require an interpreter you must notify the court immediately so that one can be arranged.
- whether you have a disability for which you require special assistance or special facilities. If so, please say what your needs are. The court staff will get in touch with you about your requirements.

Signed  
(Applicant)

Date

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## Acknowledgement

Form C7

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The Court

Case Number

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

Child(ren)'s number(s)

Date of [Hearing] [Directions Appointment]

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### What you (the person receiving this form) should do

- Answer the following questions. **If the applicant is only asking 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, case number and the child(ren)'s name(s) and number(s) 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 C10A). 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 C1A).** You can obtain this form from a court office if one has not been enclosed with the papers served on you.
- If you need special assistance or facilities for a disability or impairment please set out your requirements in full in question 10. The court staff will need to know your specific requirements for example; documents in alternative formats such as Braille or large print and/or access provision, a hearing loop or a sign language interpreter. The court staff will get in touch with you about this. If you do not make the court aware of all your needs, this may result in the hearing being adjourned.
- 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 the Application for an Order (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 and Supplemental Information Form if you have filled one in, to the court at the address below. You must do this **within 14 days** of the date when you were given the Notice of Proceedings, **or** of the postmark on the envelope if the Notice of Proceedings was posted to you.

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To be completed by the court

[The Court Manager] [Chief Executive to the Justices]

The court office is open from                      a.m. to                      p.m. on Mondays to Fridays

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|  |   |
|--|---|
| <p>1 About you (the person completing this form)</p>   | <p>Full name<br/>Date of birth<br/>Address</p>  |
| <p><i>Please give a daytime telephone number if you can.</i></p>   | <p>Telephone Number</p>   |
| <p>2 About your solicitor</p> <p><i>If you do not have a solicitor put <b>None</b> (but see note 3 on the Notice of Proceedings that was served on you).</i></p>   | <p>Full Name<br/>Address</p>  |
| <p>3 Address to which letters and other papers should be sent</p>  | <p>Reference<br/>Telephone Number<br/>Fax Number<br/>DX Number</p>  |
| <p>4 The application was received on</p>   |   |
| <p>5 Do you oppose the application?</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
| <p>6 Did you receive a completed Supplemental Information Form (form CIA) from the applicant with the papers served on you?</p> <p>If Yes, do you wish to comment on any of the statements made in that form by the applicant?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>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:</p> <ul style="list-style-type: none"> <li>• any form of domestic abuse</li> <li>• violence within the household</li> <li>• child abduction</li> <li>• other conduct or behaviour by any person who –</li> </ul> <p>(a) is or has been involved in caring for the child(ren); or</p> <p>(b) lives with, or has contact, with the child(ren)?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |

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|   |                              |                             |
|---|------------------------------|-----------------------------|
| 8 Do you intend to apply to the court for an order?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 Will you use an interpreter at court?<br><i>If Yes state the language into which the Interpreter will translate.<br/>Note: If you require an interpreter you must notify the court immediately so that one can be arranged.</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Language:   |                              |                             |
| 10 Do you have a disability for which you require special assistance or special facilities at court?<br><i>If Yes please say what your needs are. The court staff will get in touch with you about your requirements.</i>         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   |                              |                             |
| Signed<br>(Respondent)  | Date                         |                             |
|   |                              |                             |

**EXPLANATORY NOTE**

*(This note is not part of the Rules)*

The Forms that are substituted by these Rules are substituted so as to correct a defect in the forms that were substituted by the Family Proceedings (Amendment) Rules 2004 ([S.I. 2004/3375](#)).