

# Application for leave to apply for a Female Genital Mutilation (FGM) Protection Order

Part 1 of Schedule 2 to the  
Female Genital Mutilation Act 2003

To be completed by the court	
Date issued	
Case no.	
Name of court	

Fee account no.

## 1. About you (the applicant)

Mr.  Mrs  Miss  Ms  Other (please specify)

Full name

## 2. About the person to be protected

Mrs  Miss  Ms  Other (please specify)

Full name

## 3. Your reasons for applying on behalf of the person to be protected

State briefly your reasons including:

- your connection with the person to be protected; and
- what you know of the circumstances of the person to be protected;

**3.** continued from over the page

If needed, continue on a separate sheet

**4. Statement of truth**

\*[I believe] \*[The applicant believes] that the facts stated in this application are true.

\*I am duly authorised by the applicant to sign this statement.

Print full name

Name of applicant solicitors firm

Signed

(Applicant) (Applicant's solicitor)

Dated

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**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**

\*delete as appropriate