

# Application to be joined as, or cease to be, a party to 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	

For further information, please read the leaflet FGM700 Female Genital Mutilation Protection Orders

## 1. About you (the applicant)

Mr.  Mrs  Miss  Ms  Other (please specify)

Full name

Date of birth (if under 18)

--	--	--	--	--	--	--	--

**If you do not wish your address to be made known to the respondent** leave this space blank and if you have not already done so, complete Confidential address form C8.

Address

Postcode <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/>

Phone no. (optional)

Date of birth (if under 18 years)

--	--	--	--	--	--	--	--

**Your solicitor's details** – if you are representing yourself leave blank

Full name

Name of firm

Address

Postcode <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/>

Reference no.

Phone no.

Fax no.

DX no.

Fee account no.

**2. Your reason(s) for applying on behalf of the person to be protected**

State briefly your reasons for applying

**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.

**Respondent 1**

Mr    Mrs    Miss    Ms    Other (please specify)

Full name

Address

Postcode

Date of birth (if known)

_	_	_	_
---	---	---	---

**Respondent 2**

Mr    Mrs    Miss    Ms    Other (please specify)

Full name

Address

Postcode

Date of birth (if known)

_	_	_	_
---	---	---	---

#### 4. At the court

If you or the person to be protected requires an interpreter, you must tell the court now so that one can be arranged.

Will you or the person to be protected need an interpreter at court?

- No
- Yes, please specify the language and dialect

If you or the person to be protected has a disability for which you require special assistance or facilities, please state what is needed. The court staff will then get in touch with you.

Please say whether the court needs to make any special arrangements for you or the person to be protected to attend court (e.g. providing you with a separate waiting room)

#### 5. 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

--	--	--	--	--	--

**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