



Application to vary, extend or discharge an order in existing proceedings

Parts 4 and 4A Family Law Act 1996

The court to which you are applying:

If you are an individual applicant, you **must not** serve the documents yourself on the person you are seeking an order against.

Note: you must make this application to the court which made the original order.

1. About you (the applicant)

If you do not wish your address to be made known to the respondent, leave this space blank and complete Confidential contact details form **C8**. You can get a copy of this form from any family court office or from our website at hmctsformfinder.justice.gov.uk

1.1 State your title

1.2 Full name

1.3 Address

First line of address

Second line of address

Town or city

County (optional)

Postcode

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1.4 Phone number

1.5 Date of birth (if under 18)

Day Month Year

1.6 State your solicitor's name

1.7 Address

First line of address

Second line of address

Town or city

County (optional)

Postcode

| | | | | |

1.8 Reference

1.9 Solicitor's fee account number

1.10 Phone

1.11 DX number

1.12 If you are already a party to the case, give your description (for example, applicant, respondent or other).

2. The order(s) for which you are applying

Please attach a copy of the order if possible.

2.1 I am applying to

vary

extend

discharge

2.2 The order dated

Day

Month

Year

2.3 If you are applying for an order to be varied or extended please give details of the order which you would like the court to make:

3. Your reason(s) for applying

3.1 State briefly your reasons for applying

4. Person(s) to be served with this application

This application is to be served upon the respondent and the person to be protected by the order.

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

Note: if you are an individual applicant you **must not** serve the documents yourself on the person you are seeking the order against.

Statement of truth

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I believe that the facts stated in this form and any continuation sheets are true.

The applicant believes that the facts stated in this form and any continuation sheets are true. **I am authorised** by the applicant to sign this statement.

Signature

Applicant

Applicant's legal representative (as defined by FPR 2.3(1))

Date

Day Month Year

Full name

Name of applicant's legal representative's firm

If signing on behalf of firm or company give position or office held