

# Application for international transfer of jurisdiction to or from England and Wales

In the High Court of Justice Family Division Principal Registry/District Registry

## To be completed by the court

Name of court

Date issued

Case number

Fee charged/Remission ID

Before completing this application please read the booklet '**CB1 – Making an application – Children and the Family Courts**'. You can get a copy of all the forms and leaflets from your local court or they can be found at [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)

**Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary.**

Cafcass - Children and Family Court Advisory and Support Service (in England); CAFCASS CYMRU - Children and Family Court Advisory and Support Service Wales.

## 1. Summary of application

Your name (the applicant)

The respondent's name(s)

Please list the name(s) of the child(ren) and the type(s) of order you are applying for, starting with the oldest.

Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	

Give details of any fixed hearing date or period?

## 2. About you (the applicant)

Your first name

Middle name(s)

Surname

Previous surnames (if any)

Date of birth   /   /     Gender  Male  Female

Place of birth  
(town/county/country)

Nationality(ies)

**If you do not wish your address to be made known to the respondent,** leave the address details 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](http://hmctsformfinder.justice.gov.uk)

Address   
  
Postcode

Home telephone number

Mobile telephone number

Email address

Have you lived at this address for more than 5 years?  Yes  No

If No, please provide details of all previous addresses you have lived at during the last 5 years.

Do you have any other current address?

Yes  No

If Yes, please provide details.

### Your solicitor's details

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Do you have a solicitor acting for you?

Yes  No

If Yes, please give the following details

Your solicitor's name

Name of firm

Address

Postcode

Telephone number

Fax number

DX number

Email

Solicitor's Reference

### 3. The child(ren)

Please give details of the child(ren)  
If there are more than 4 children please continue on a separate sheet.

#### Child 1

Child's first name

Middle name(s)

Surname

Gender

Male  Female

Nationality(ies)

#### Child 2

Child's first name

Middle name(s)

Surname

Gender

Male  Female

Nationality(ies)

#### Child 3

Child's first name

Middle name(s)

Surname

Gender

Male  Female

Nationality(ies)

#### Child 4

Child's first name

Middle name(s)

Surname

Gender

Male  Female

Nationality(ies)

Parents/Guardians of the children

Name of child	Parents/Guardians

If you do not wish the child's address to be made known to the respondent, leave the address details 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](http://hmctsformfinder.justice.gov.uk)

Child(ren)'s address  
(If known)

Any other information about the child's whereabouts or suspected whereabouts and details of who the child is presumed to be with. If you do not know where the child is you must state this.

#### 4. About your application?

What do you want the court to do?

**Do not give a full statement, please provide a summary.** You may be asked to provide a full statement later.

## 5. Why are you making this application?

Please give brief details about why you are making this application including any facts you are relying on.

If there are proceedings in any other country concerning the child please provide details.

In particular you should include details of the country that the child has a connection with and information on these connections, for each child listed in section 3.

Does your application include any issues under the Human Rights Act 1998?

Yes     No     Don't know

## 6. Family mediation

Have you used family mediation to attempt to agree arrangements for the children?

Yes     No

If you would like to find out more about mediation please ask at your local court or see the website [www.gov.uk](http://www.gov.uk) or [www.reunite.org](http://www.reunite.org)

If you did not use mediation please explain why.

## 7. Risk

Do you believe that the child(ren) named at Section 3 have experienced or are at risk of experiencing harm from any of the following by any person who has had contact with the child?

- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| any form of domestic abuse/violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| child abduction                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| child abuse                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| drugs, alcohol or substance abuse   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| other safety or welfare concerns    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered Yes to any of the above, please complete form C1A (Supplemental information form).

If Other, please give details

## 8. Other court cases which concern the child(ren) listed at Section 3

Are you aware of any other court cases now, or at any time in the past, which concern any of the child(ren) at Section 3?

Yes

If Yes, please attach a copy of any relevant order, and give additional details below.

No

If No, please **go to Section 9**

### Additional details

Name(s) of child(ren)

  
  
  


Name of the court where proceedings heard

Case no.

Full address of the court where proceedings were heard

  
  
  


Date/year (if known)

Name and office (if known) of Cafcass/CAFCASS CYMRU officer

  


**If the above details are different for each child please provide details on additional sheets.**

**Type of proceedings if known - please tick all that apply**

Emergency Protection Order

Yes

No

Supervision Order

Yes

No

Care Order

Yes

No

Child abduction

Yes

No

Family Law Act 1996 Part 4 (proceedings for non-molestation order or occupation order)

Yes

No

A contact or residence order (Section 8 Children Act 1989) made within proceedings for a divorce or dissolution of a civil partnership

Yes

No

A contact or residence order (Section 8 Children Act 1989) made in connection with an Adoption Order

Yes

No

An order relating to child maintenance (Schedule 1 Children Act 1989)

Yes

No

A child arrangements order (Section 8 Children Act 1989)

Yes

No

Please tick if additional sheets are attached.



## 9. The respondents

### Respondent 1

Respondent's first name

Middle name(s)

Surname

Previous surnames (if known)

Date of birth

   /    /    

Gender

Male

Female

Place of birth  
(town/county/country, if known)

Nationality(ies)

Address

Postcode

     

Home telephone number

Mobile telephone number

Email address

Have they lived at this address  
for more than 5 years?

Yes

No

Don't know

If No, please provide all previous addresses for the  
last 5 years below, if known.

Relationship to the child(ren)

Name of child	Relationship

**Respondent 2**

Respondent's first name

Middle name(s)

Surname

Previous surnames (if known)

Date of birth

 /  / 

Gender

 Male

 Female

Place of birth  
(town/county/country, if known)

Nationality(ies)

Address

  
  
  
  
  
  
  

Postcode

Home telephone number

Mobile telephone number

Email address

Have they lived at this address  
for more than 5 years?

 Yes

 No

 Don't know

If No, please provide all previous addresses for the  
last 5 years below, if known.

  
  
  
  
  
  

Relationship to the child(ren)

Name of child	Relationship

## 10. Statement of truth

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

\*delete as appropriate

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

Print full name

Name of applicant solicitors firm

Signed

Dated

(Applicant) (Applicant's solicitor)

Position or office held  
(If signing on behalf of firm or company)

**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.**

## 11. Attending the court

**If you require an interpreter, you must tell the court now so that one can be arranged.**

Do you or any of the parties need an interpreter at court?

Yes

No

If Yes, please specify the language and dialect:

If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?

Yes

No

If Yes, please say what the needs are

Please say whether the court needs to make any special arrangements for you to attend court (e.g. providing you with a separate waiting room from the respondent or other security provisions).

Court staff may get in touch with you about the requirements

## 12. Documents to be attached

You **must** attach **one** of the following documents to this application for each child.

a certified copy of a full birth certificate that gives details of the child's mother and father  
A full birth certificate shows surname, forenames, date of birth, sex, place of birth (where known), parent(s) name(s), their address and occupation at time of registration.

**or**

a certified copy of the entry in the Adopted Children's Register

**or**

a request for directions as to the proof of the child's birth

**In urgent cases**, the court may allow the application to be issued without the Birth Certificate, Certified entry in the Adopted Children's Register or other proof of the child's birth.

Please confirm when copies of the Certificate/ entry in the Adopted Children's Register/ other proof of the child's birth will be made available to the court    /    /

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### To the respondent(s) (other than the child)

**TAKE NOTICE** that-

- (1) You must within 14 days of service of this application file in the above mentioned court a notice stating your address and the whereabouts of the child (or that you are unaware of the child's whereabouts if that is the case).
- (2) Unless the court directs otherwise you must serve a copy of that notice on the applicant.
- (3) If you subsequently change your address or become aware of any change in the child's whereabouts, you must, unless the court directs otherwise, file in the above-mentioned court notice of your new address or of the new whereabouts of the child, as the case may be, and serve a copy of that notice on the applicant.

Any notice required to be lodged in the above-mentioned court shall be sent to the court address or delivered to Family Division of the High Court, 1<sup>st</sup> Mezzanine, Queens Building, Royal Courts of Justice, Strand, London WC2A 2LL.