C79

# Application related to enforcement of a contact order

The booklet 'CB5 - Applications related to enforcement of a contact order' will help you complete this form. You can get a copy of all forms and leaflets from your local court or you can download copies from our website www.hmcourts-service.gov.uk

To be completed by the court	
Name of court	
Date issued	
Case number	
Child(ren)'s name(s)	Child(ren)'s number(s)

#### 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.

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1. About the current contact order	See CB5 Note B
Name of court	
Court case number if known	Date of order DD/MM/YYYY
Full name of the person who made the application	
Name of child(ren)	
Please attach a co	ppy of the order where available.
2. What order(s) are you applying for?	See CB5 Note C
an enforcement order  If the contact order is not being complied with	to revoke an existing enforcement order  To cancel the enforcement order
for the court to take action following breach of an existing enforcement order  If the unpaid work requirement in the enforcement order has not been complied with	to amend an existing enforcement order by reason of a change of residence  To change the local justice area where you wish to complete the unpaid work
an order for compensation for financial loss  If you have lost money because the contact order is not being complied with	for amendment of the hours of unpaid work specified in an existing enforcement order  To reduce the hours in the order
	to extend the period of 12 months set for completion of the unpaid work  To allow you to do the work over a longer period

3. About you (the applicant)	
Your first name	
Middle name(s)	
Surname	
Date of birth	Sex Male Female
If you do not wish your address and complete Confidential Address	s to be made known to the respondent, leave the address details blank as Form C8.
Address	
	Postcode Postcode
Home telephone number	
Mobile telephone number	
Do you have a solicitor acting for you?	Yes No See CB5 Note L
	If Yes, please give the following details
Your solicitor's name	
Name of firm	
Address	
	Postcode Postcode
Telephone number	
Fax number	
DX number	
Solicitor's Reference	

Applicant 2 (if applicable)		
Your first name		
Middle name(s)		
Surname		
Date of birth		Sex Male Female
	If your address details and those of y first applicant please provide details	
What is your relationship to the applicant listed above?		·
4. The child(ren) in respect	of whom this order is sought	
	Please give details of the child(ren), so If there are more than 4 children please.	
Child 1		
First name		
Middle name(s)		
Surname		
Date of birth		Sex Male Female
What is your relationship to	Applicant 1	Applicant 2
the child?		
Child 2		
First name		
Middle name(s)		
Surname		
Date of birth		Sex Male Female
	Applicant 1	Applicant 2
What is your relationship to the child?		

Child 3		
First name		
Middle name(s)		
Surname		
Date of birth		Sex Male Female
	Applicant 1	Applicant 2
What is your relationship to the child?	принсин н	Αρρισαίτε Ζ
Child 4		
First name		
Middle name(s)		
Surname		
Date of birth		Sex Male Female
	Applicant 1	Applicant 2
What is your relationship to the child?		

### 5. The respondents' details

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Respondent 1	in there are more than 2 respondents please continue on a separate sheet.
Respondent's first name	
Middle name(s)	
Surname	
Date of birth	DD/MM/YYYY Sex Male Female
Address	
	Postcode
Relationship to the child(ren)	Name of child Relationship
Does the respondent have a solicitor acting for them?	Yes Don't know  If Yes, please provide the details below.
Respondent's solicitor	
Name of respondent's solicitor	
Name of firm	
Address	
	Postcode
Telephone number	
Fax number	
DX number	

Respondent 2		
Respondent's first name		
Middle name(s)		
Surname		
Date of birth		Sex Male Female
Address		
	Postcode	
Relationship to the child(ren)	Name of child	Relationship
Does the respondent have a solicitor acting for them?	Yes No Don't kno	
Respondent's solicitor	Troo, produce provide the detaile below	•••
Name of respondent's solicitor		
Name of firm		
Address		
	Postcode	
Telephone number		
Fax number		
DX number		

6. Other persons to be notif	ileu	See CB5 Note D
Person 1		
Full name		
Address		
	Postcode	
Person 2		
. 6.66 2		
Full name		
Address		
	Postcode	

## 7. Why are you making this application? 7a. If you are applying for: - An enforcement order See CB5 Note C please tell us about why you are making this application, if not go to 7b. This might include: How the contact arrangements have been broken · When this happened · How long since you had contact with the child(ren) **7b.** If you are applying for: - An order for compensation for financial loss See CB5 Note C please tell us about why you are making this application, if not go to 7c. Amount claimed (total figure) £ Please explain why you are making this claim and attach any receipts or other evidence of financial loss.

### **7c.** If you are applying for:

- Action as a result of breach of an enforcement order

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See	$_{\mathcal{I}}$	note	C

please tell us about why you a	re making this application, if not go to 7d.
Please tell us how the enforcement order has been breached.	re making this application, if not go to 7d.
	Please attach a copy of the enforcement order if available.
Name of court where the enforcement order was made	
Name of local justice area responsible for the enforcement order	See CB5 Note C
Date enforcement order was made	

### **7d.** If you are applying to:

- Revoke an enforcement order
- Amend an enforcement order
- Amend the hours of unpaid work specified in an enforcement order
- Extend the period of 12 months for completion of unpaid work in an enforcement order

please tell us why you are making this application, if not go to section 8.

This might include:				
<ul> <li>How your circumstances have changed since the enforcement order was made</li> </ul>				
<ul> <li>How often contact is now taking place</li> </ul>				
<ul> <li>Why you think the hours or time period should be amended.</li> </ul>				
	Please attach a	conv of the	enforcement order,	if available
	riease allacii a	copy of the	emorcement order,	See CB5 Note C
Name of local justice area responsible for the enforcement order				
Date enforcement order made	D D / M M / Y	YYY		
Number of hours of unpaid work required				
Number of hours of unpaid work completed				
Number of hours of unpaid work outstanding			What are the new proposed hours?	
f requesting extension of the 12 moves	•	ompletion,		D D / M M / Y Y Y Y
				See CB5 Note C
If you are applying to amend the or you are moving house, what will be the new local justice area?				
If you are moving house what will yaddress be?	your new			
When will you start living there?		D D / M N	M / Y   Y   Y   Y	

8. Current court cases which	ch concern the child(ren)
Are you aware of any other ongoing court cases which concern any of the children at Section 4?	Yes  No If No, please <b>go to Section 9</b> If Yes, please provide additional details about which child(ren) are involved in other court cases?
Additional details	
Name of child(ren)	
Name of the court where proceedings are being heard	Case no.
Name of Cafcass/CAFCASS CYMRU Officer	
Name and address of child's solicitor, if known	
Please tick if additional sheets are attached.	Postcode
9. Signature	
Print full name	
Signed	
	Applicant
Date	

### If you require an interpreter, you must tell the court now so that one can be arranged. Do you or any of the parties Yes No need an interpreter at court? If Yes, please specify the language and dialect: If attending the court, do you or Yes No any of the parties involved have a disability for which you require special assistance or special If Yes, please say what the needs are facilities? 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 Checklist\_ Please check that you have completed all parts of the **Court fees** form and attached all the relevant documents: You may be exempt from paying all or part of the fee. The combined booklet and application form a copy of the contact order 'EX160A Court Fees - Do you have to pay them' appropriate fee enclosed (leaflet EX50 provides gives more information. You can get a copy from information about court fees) the court or download a copy from our website at www.hmcourts-service.gov.uk copies of the application and documents attached for each respondent, and one for Cafcass/CAFCASS CYMRU a copy of the enforcement order (if any previously made) any receipts or other documentary evidence to support financial loss claim (if applicable) details of additional children, if there are more than four children in Section 4 details of additional respondents, if there are more than two respondents in Section 5 Now take or send your application with the correct

10. Attending the court

fee and correct number of copies to the court.