

Application and information needed by the court to consider whether to prevent (prohibit) questioning (cross-examination) in person

Name of court

Case number

Date

Day

Month

Year

To be completed by the person making the domestic abuse accusations.

You can use this form to provide information to the court, who will decide whether:

- you are automatically prevented from questioning any party to the proceedings or witness in person
- any party to the proceedings is automatically prevented from questioning you in person
- questioning any party to the proceedings or witness in person, would upset you (i.e. cause you significant distress)
- being questioned by any party to the proceedings in person, would upset you (i.e. cause you significant distress)
- you would not be able to give your best evidence if any party to the proceedings were to question you in person.

If the court directs that the proceedings be listed for a hearing where oral evidence may be given, it is very important that you complete and return this form to the court.

If the court agrees that questioning in person should not be allowed and the party who is to do the questioning does not have their own lawyer (qualified legal representative), the court may appoint one to carry out the questioning. This lawyer will not represent or act for you or the other party and neither of you will have to pay for the lawyer. The lawyer will only carry out the questioning.

1. Your name (the person making the domestic abuse accusation)

2. Your role in the case

I am the applicant

I am the respondent

3. Date of next hearing

Day

Month

Year

Supporting evidence

4. Has any party in this case ever been cautioned for (formally warned by the Police), charged with or convicted of a specified offence?

Yes. Give the details of the offence(s) and the date of the caution, charge or conviction.

No

5. Which, if any, of the orders listed below have been made in your favour against any party in this case.

Non-molestation Order

Restraining Order

Protection from Harassment Order

Domestic Violence Protection Notice

Domestic Violence Protection Order

Domestic Abuse Protection Notice

Domestic Abuse Protection Order

Other, please give details

None of the above

Note 5: If an order has been made, please attach a copy to this form.

If any order has been made, please give the court case number (if known) and attach a copy to this form, if you have it.

6. Is there specified evidence that you are a victim of domestic abuse carried out by any party to the case?

Yes. Give details of the specified evidence and provide a copy with this form.

No

In court

7. If any party to the case were to question you in person, would this prevent you giving your best evidence?

Yes. Please give brief reasons as to how your evidence would be affected.

No

DRAFT

8. If any party to the case were to question you in person, would you find this upsetting (i.e. cause you significant distress)?

Yes. Please give brief reasons as to why being questioned by any party to the case would upset you.

No

9. If you had to question any party to the case or witness, would you find this upsetting (i.e. cause you significant distress)?

Yes. Please give brief reasons as to why questioning any party to the case or witness would upset you.

No

Application to the court

10. Do you want to apply to the court to prevent any party to the case from questioning you in person?

Yes

No

11. Do you want to apply to the court for a legal representative to ask questions of any party to the case or witness on your behalf?

Yes

No

Legal representative

12. Do you have a legal representative acting for you?

Yes. Give their details below.

No. **Go to the statement of truth section**

13. The legal representative's name

14. The legal representative's reference number (if applicable)

15. Name of legal representative's firm

16. Address of legal representative's firm

Building and street

Second line of address

Town or city

County (optional)

Country

Postcode

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

DX address (if applicable)

17. Phone number

18. Email

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.

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

Signature

Applicant

Respondent

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

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

Date

Day Month Year

Full name

Name of the legal representative's firm

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

Return your completed form within 14 days (unless the court has set a different time) to the court dealing with your case.