

**APPLICATION FOR THE [VARIATION] [REVOCAION] OF AN  
ORDER FOR FINANCIAL PROVISION**

Section 18 and Schedule 1 of The Children and Young Persons Act 2001

Date received by Court
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1. Please use black ink.
2. The notes on page 5 tell you what to do when you have completed the form.
3. Please answer every part. If a part does not apply or you do not know what do say please say so. If there is not enough room continue on another sheet (put the child's name and the case number on each sheet).
4. If there is more than one child you must fill in a separate form for each child.
5. If you have any concerns about giving your address or that of the child or any other address requested in this form, you may give an alternative address where papers can be served. However, you must notify the court of the actual address.

I apply to <b>The Court of Summary Jurisdiction (High Bailiff) in the Isle of Man</b>	Case No:
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For the [ variation] [ revocation] of an order for periodical payments made in respect of a non-marital child.

**1. About the order for periodical payments:**

The order for periodical payment was made on	
The order was made at	
Case No.	
The order was varied on	
It is helpful to the court if a copy of the order(s) is/are attached.	<input type="checkbox"/> Please tick the box if you are enclosing a copy.

**2. About the child**

Forename		Surname	
D.O.B		Age	
		Gender	
The child usually lives at: <i>(see note 5 on addresses at top of this form)</i>			

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The child lives with:	<input type="checkbox"/> the child's mother <input type="checkbox"/> the child's father <input type="checkbox"/> neither parent
If the child does not live with the Parent please give the name of the Person who is responsible for the child.	

**3. About myself (the person applying)**

I am a person	<input type="checkbox"/> to whom payments are made under the existing order <input type="checkbox"/> ordered to make payments under the existing order
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**My details:**

Title	
Full Name	
Address <i>(see note 5 on addresses at top of Page 1)</i>	
Date of Birth	
Telephone No.	

**My advocate's details:**

Title	
Name	
Address <i>(see note 5 on addresses at top of Page 1)</i>	
Telephone No.	
Fax No.	
Ref. No.	

**4. About this application**

My reasons for making this application are:	
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<p>I would like the court to order that:</p> <p>(If you are asking for a variation of the order, please give details of the revised payments requested)</p>	
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Please complete the statement of means form (FPC 3) if you are seeking a variation or revocation of the order on the grounds of a change in your financial circumstances.

**5. The Respondent**

The respondent(s) will be

- all those with parental responsibility
- all those who were parties to the original application for financial provision
- other people allowed by Rules of Court

Notes:

1. Please put the address where the respondent usually lives or where papers can be served. *(see note 5 on addresses on top of Page 1)*
2. You will have to serve a copy of this application on each of the respondents

Name	Address

**6. Declaration**

I declare that the information I have given is correct and complete to the best of my knowledge.

Signed:

Date:

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**What you (the person applying) must do next**

- There is a Notice of Hearing on page 5. Fill in the boxes on the Notice.
- Take or send this form and statement of means to the court with enough copies for each respondent to be served. The top copy will be kept by the court and the other copies given or sent back to you for service.
- You must then serve the copies of:
  - the Application
  - the Notice of Hearing
  - the Statement of Means
  - the Respondent's Answeraccording to the Rules. You may also be required under the Rules to give notice of the proceedings to other people.

Summary Courts  
Isle of Man Courts of Justice  
Deemster's Walk  
Bucks Road  
Douglas  
Isle of Man  
IM1 3AR

**APPLICATION FOR THE [ VARIATION ] [ REVOCATION ] OF AN  
ORDER FOR FINANCIAL PROVISION  
In the Court of Summary Jurisdiction (High Bailiff)  
in the Isle of Man**

Case No:
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**NOTICE OF A [  HEARING ] [  DIRECTIONS APPOINTMENT ]**

You are named as a Respondent in these proceedings

Child's details:

Forename		Surname	
D.O.B		Age	
		Gender	

**You must read this Notice now**

**About the [  Hearing ] [  Directions Appointment ]**

Name of applicant	
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has made an application to the Court

The Court has been asked to make an order for the [  Variation ] [  Revocation ] of an order for periodical payments for the child.

**To be completed by the Court:**

**The Court will hear this at**

**On**

**At**

**The time allowed is**

o'clock

**What you must do:**

- There is a copy of the application and statement of means with this Notice. Read the application now. You do not have to fill in any part. You must complete the form of Answer enclosed and follow the instructions on the first page of the Answer regarding service.
- You should obtain legal advice from an advocate or, alternatively, from an advice agency. Addresses of advocates can be obtained from the Yellow Pages. An advocate will also be able to advise you as to whether you will be eligible for legal aid.

Date:

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ORDER FOR FINANCIAL PROVISION**

**In the Court of Summary Jurisdiction (High Bailiff)  
in the Isle of Man**

Case No:
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**To the Applicant:**

Before you send this form you must insert the name and address of the Respondent and the name of the child in the relevant boxes below.

Title	
Full Name	
Address	

**RESPONDENT'S ANSWER**

Full name of child:	
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You will get with this form a copy of:

- A Notice of Hearing or Directions Appointment
- An application that has been made to the court
- The applicant's Statement of Means

**Please**

- Read the Notice first
- Then read the application and the applicant's statement of means
- Answer the questions on this form and complete a Statement of Means (form FPC3) if you are being asked to make any payment for the child

You must return this Answer and any statement of means to the High Bailiff and serve copies on the applicant and each respondent (see parts 4 and 7 of the application form) within 14 days from that date of service.

A copy of form **FPC3 (Statement of Means)** is available from the High Bailiff.

To: Summary Courts Office  
Isle of Man Courts of Justice  
Deemsters Walk  
Bucks Road  
Douglas  
IM1 3AR

**APPLICATION FOR THE [VARIATION] [REVOCACTION] OF AN  
ORDER FOR FINANCIAL PROVISION**

**THE RESPONDENT'S ANSWER**

Case No:
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Full name of child:	
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**1. About the application:**

Please read the application form before you answer the questions  
Continue on another sheet if there is not enough room  
Please put the number of the question on the sheet

Title	
Full Name	
Address for service	

Do you have legal representation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Advocate's details:

Title	
Name	
Address <i>(see note 5 on addresses at top of Page 1)</i>	
Telephone No.	
Fax No.	
Ref. No.	

Do you accept that you should be a Respondent in this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please state the reason:		

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Is there anything else the Court should know about this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please give details: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>
Do you agree with the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please give details: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>
Do you intend to make an application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please give details: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>

Please complete a Statement of Means (FPC3) if you are being asked to make any payment for the child.

**2. I declare that the information I have given is true and correct to the best of my knowledge.**

Signed:  Date: