Application and information Name of court needed by the court to consider whether to prevent (prohibit) Case number questioning (cross-examination) in person Date To be completed by the person accused of Month Year Dav domestic abuse. 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.

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 the person in the case and they will not have to pay for them. The lawyer will only carry

If the court agrees that questioning in person should not be allowed and

out the questioning.

I am the respondent

| 1. | Your name (the person accused of domestic abuse) |
|----|--|
| 2. | Your role in the case |
| | I am the applicant |
| | |

| 3. | Date of next hearing |
|----|---|
| | Day Month Year |
| | |
| Su | pporting evidence |
| 4. | Have you ever been cautioned for (formally warned by the Police), charged with or convicted of a specified offence towards any party or witness in this case? |
| | 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 against you in favour of any party to the case or witness at a hearing of which you had notice. Note 5: If an order has been made, please attach a copy to this form. |
| | ☐ 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 |
| | 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. |

3.

| 6. | Is there specified evidence of domestic abuse carried out by you towards any party to the case or witness? |
|----------|--|
| | 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? |
| 7. | |
| 7. | prevent you giving your best evidence? Yes. Please give brief reasons as to how your evidence would |
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| 7. | Yes. Please give brief reasons as to how your evidence would be affected. |

| 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 a witness would upset you. |
| | |
| | |
| | □ No |
| App | olication 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

| Do you have a legal representative acting for you? |
|---|
| Yes. Give their details below. |
| No. Go to the statement of truth section |
| The legal representative's name |
| The legal representative's reference number (if applicable) |
| Name of legal representative's firm |
| Address of legal representative's firm Building and street |
| Second line of address |
| Town or city County (antique) |
| Country (optional) Country |
| Postcode |
| |
| DX address (if applicable) |
| Phone number |
| 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.