

Application related to enforcement of a child arrangements order

The booklet 'CB5 - Applications related to enforcement of a child arrangements 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 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.

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

Help with Fees – Ref no. (if applicable)				{ F }	{ F }	{ F }		{ F }	{ F }	{ F }
				O	O	O		O	O	O
				R	R	R		R	R	R
				M	M	M		M	M	M
				T	T	T		T	T	T
				E	E	E		E	E	E
			X	X	X		X	X	X	
			T	T	T		T	T	T	
			}	}	}		}	}	}	

1. About the current child arrangements order which determine who a child should have contact with or spend time with and when

[See CB5 Note B](#)

Name of court { FORMTEXT }

Court case number if known { FORMTEXT }

Date of order

{ F }	{ F }		{ F }	{ F }		{ F }	{ F }	{ F }	{ F }
O	O		O	O		O	O	O	O
R	R		R	R		R	R	R	R
M	M	/	M	M	/	M	M	M	M
T	T		T	T		T	T	T	T
E	E		E	E		E	E	E	E
X	X		X	X		X	X	X	X
T	T		T	T		T	T	T	T
}	}		}	}		}	}	}	}

Full name of the person who made the application { FORMTEXT }

Name of child(ren) { FORMTEXT }

Please attach a copy of the order where available.

2. What order(s) are you applying for?

[See CB5 Note C](#)

{ an enforcement order
F If the child arrangements order is not being
O complied with
R
M

{ to revoke an existing enforcement order
F To cancel the enforcement order
O
R
M

C
H
E
C
K
B
O
X
}

{ **for the court to take action following breach of an existing enforcement order**
F If the unpaid work requirement in the
O enforcement order has not been complied with
R
M
C
H
E
C
K
B
O
X
}

{ **an order for compensation for financial loss**
F If you have lost money because the contact
O order is not being complied with
R
M
C
H
E
C
K
B
O
X
}

C
H
E
C
K
B
O
X
}

{ **to amend an existing enforcement order by reason of a change of residence**
F To change the local justice area where you
O wish to complete the unpaid work
R
M
C
H
E
C
K
B
O
X
}

{ **for amendment of the hours of unpaid work specified in an existing enforcement order**
F To reduce the hours in the order
O
R
M
C
H
E
C
K
B
O
X
}

{ **to extend the period of 12 months set for completion of the unpaid work**
F To allow you to do the work over a longer
O period
R
M
C
H
E
C
K
B
O
X
}

3. About you (the applicant)

Your first name

Middle name(s)

Surname

Date of birth

{	F
FO	O
RM	R
TE	M
XT	T
}	E
	X
	T
	}

 /

{	F
O	O
R	R
M	M
T	T
E	E
X	X
T	T
}	}

 /

{	F	{	F
O	O	O	O
R	R	R	R
M	M	M	M
T	T	T	T
E	E	E	E
X	X	X	X
T	T	T	T
}	}	}	}

Sex ☐ Male
☐ Female

If you do not wish your address to be made known to the respondent, leave the address details blank and complete Confidential Address Form C8. You can get a copy of this form from any family court office or from our website at hmctsformfinder.justice.gov.uk

Address

Postcode

{	{	{	{
FO	FO	FO	FO
R	R	R	R
MT	MT	MT	MT
EX	EX	EX	EX
T	T	T	T

{	{	{	{
FO	FO	FO	FO
R	R	R	R
MT	MT	MT	MT
EX	EX	EX	EX
T	T	T	T

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

{	{	{	{
FO	FO	FO	FO
R	R	R	R

{	{	{	{
FO	FO	FO	FO
R	R	R	R

MT	MT	MT	MT	MT	MT	MT	MT
EX	EX	EX	EX	EX	EX	EX	EX
T }	T }	T }	T }	T }	T }	T }	T }

Telephone number { FORMTEXT }

Fax number { FORMTEXT }

DX number { FORMTEXT }

Solicitor's Reference { FORMTEXT }

Fee account no. { FORMTEXT }

Applicant 2 (if applicable) _____

Your first name

Middle name(s)

Surname

Date of birth	{ FO RM TE XT }	<input type="text" value="F"/>	<input type="text" value="O"/>	/	<input type="text" value="F"/>	<input type="text" value="O"/>	/	<input type="text" value="F"/>	<input type="text" value="O"/>	<input type="text" value="F"/>	<input type="text" value="O"/>	Sex { FORMCHECKBOX } Male { FORMCHECKBOX } Female
		<input type="text" value="R"/>	<input type="text" value="M"/>		<input type="text" value="M"/>	<input type="text" value="M"/>		<input type="text" value="M"/>	<input type="text" value="M"/>			
		<input type="text" value="T"/>	<input type="text" value="E"/>		<input type="text" value="T"/>	<input type="text" value="E"/>		<input type="text" value="T"/>	<input type="text" value="E"/>			
		<input type="text" value="X"/>	<input type="text" value="T"/>		<input type="text" value="X"/>	<input type="text" value="T"/>		<input type="text" value="X"/>	<input type="text" value="T"/>			
		<input type="text" value="T"/>	<input type="text" value="T"/>		<input type="text" value="T"/>	<input type="text" value="T"/>		<input type="text" value="T"/>	<input type="text" value="T"/>			

If your address details and those of your solicitor are different from the first applicant please provide details of these on a separate sheet.

What is your relationship to the applicant listed above?

3. The child(ren) in respect of whom this order is sought

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

Child 1 _____

First name

Middle name(s)

Surname

Date of birth	{ FO RM TE XT }	<input type="text" value="F"/>	<input type="text" value="O"/>	/	<input type="text" value="F"/>	<input type="text" value="O"/>	/	<input type="text" value="F"/>	<input type="text" value="O"/>	<input type="text" value="F"/>	<input type="text" value="O"/>	Sex { FORMCHECKBOX } Male { FORMCHECKBOX } Female
		<input type="text" value="R"/>	<input type="text" value="M"/>		<input type="text" value="M"/>	<input type="text" value="M"/>		<input type="text" value="M"/>	<input type="text" value="M"/>			
		<input type="text" value="T"/>	<input type="text" value="E"/>		<input type="text" value="T"/>	<input type="text" value="E"/>		<input type="text" value="T"/>	<input type="text" value="E"/>			
		<input type="text" value="X"/>	<input type="text" value="T"/>		<input type="text" value="X"/>	<input type="text" value="T"/>		<input type="text" value="X"/>	<input type="text" value="T"/>			
		<input type="text" value="T"/>	<input type="text" value="T"/>		<input type="text" value="T"/>	<input type="text" value="T"/>		<input type="text" value="T"/>	<input type="text" value="T"/>			

What is your relationship to the child?	Applicant 1	Applicant 2
	<input type="text" value="{ FORMTEXT }"/>	<input type="text" value="{ FORMTEXT }"/>

Child 2 _____

First name { FORMTEXT }

Middle name(s) { FORMTEXT }

Surname { FORMTEXT }

Date of birth

{	F	{	F	{	F	{	F
FO	O	FO	O	FO	O	FO	O
RM	R	RM	R	RM	R	RM	R
TE	T	TE	T	TE	T	TE	T
XT	E	XT	E	XT	E	XT	E
}	X	}	X	}	X	}	X
	T		T		T		T
	}		}		}		}

Sex { FORMCHECKBOX } Male
{ FORMCHECKBOX } Female

What is your relationship to the child?	Applicant 1	Applicant 2
	{ FORMTEXT }	{ FORMTEXT }

Child 3 _____

First name { FORMTEXT }

Middle name(s) { FORMTEXT }

Surname { FORMTEXT }

Date of birth	{ FO RM TE XT }	{ F O R M T E X T }	/	{ F O R M T E X T }	{ F O R M T E X T }	/	{ F O R M T E X T }	{ F O R M T E X T }	{ F O R M T E X T }	Sex { FORMCHECKBOX } Male { FORMCHECKBOX } Female

What is your relationship to the child?	Applicant 1	Applicant 2
	{ FORMTEXT }	{ FORMTEXT }

Child 4 _____

First name { FORMTEXT }

Middle name(s) { FORMTEXT }

Surname { FORMTEXT }

Date of birth	{ FO RM TE XT }	{ F O R M T E X T }	/	{ F O R M T E X T }	{ F O R M T E X T }	/	{ F O R M T E X T }	{ F O R M T E X T }	{ F O R M T E X T }	Sex { FORMCHECKBOX } Male { FORMCHECKBOX } Female

What is your relationship to the child?	Applicant 1	Applicant 2
	{ FORMTEXT }	{ FORMTEXT }

5. The respondents' details

{ EMBED PBrush }

If there are more than 2 respondents please continue on a separate sheet.

Respondent 1 _____

Respondent's first name { FORMTEXT }

Middle name(s) { FORMTEXT }

Surname { FORMTEXT }

Date of birth { FORMTEXT } / { FORMTEXT } / { FORMTEXT } Sex { FORMCHECKBOX } Male
 { FORMCHECKBOX } Female

Address { FORMTEXT }

Postcode { FORMTEXT }

Email address { FORMTEXT }

Relationship to the child(ren)	Name of child	Relationship
	{ FORMTEXT }	{ FORMTEXT }
	{ FORMTEXT }	{ FORMTEXT }
	{ FORMTEXT }	{ FORMTEXT }
	{ FORMTEXT }	{ FORMTEXT }

Does the respondent have a solicitor acting for them? { FORMCHECKBOX } Yes { FORMCHECKBOX } No { FORMCHECKBOX } Don't know

If Yes, please provide the details below.

Respondent's solicitor _____

Name of respondent's solicitor { FORMTEXT }

Name of firm { FORMTEXT }

Address { FORMTEXT }

Postcode

{	{	{	{	{	{	{	{
FO	FO	FO	FO	FO	FO	FO	FO
R	R	R	R	R	R	R	R
MT	MT	MT	MT	MT	MT	MT	MT
EX	EX	EX	EX	EX	EX	EX	EX
T }	T }	T }	T }	T }	T }	T }	T }

Telephone number { FORMTEXT }

Email address { FORMTEXT }

DX number { FORMTEXT }

Respondent 2 _____

Respondent's first name { FORMTEXT }

Middle name(s) { FORMTEXT }

Surname { FORMTEXT }

Date of birth

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

/

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

/

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Sex { FORMCHECKBOX } Male
{ FORMCHECKBOX } Female

Address { FORMTEXT }

Postcode

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Email address { FORMTEXT }

Relationship to the child(ren)	Name of child		Relationship	
	{ FORMTEXT }		{ FORMTEXT }	
	{ FORMTEXT }		{ FORMTEXT }	
	{ FORMTEXT }		{ FORMTEXT }	

Does the respondent have a solicitor acting for them? { FORMCHECKBOX } Yes { FORMCHECKBOX } No { FORMCHECKBOX } Don't know

If Yes, please provide the details below.

Respondent's solicitor _____

Name of respondent's solicitor { FORMTEXT }

Name of firm { FORMTEXT }

Address { FORMTEXT }

Postcode

{	{	{	{	{	{	{	{
FO	FO	FO	FO	FO	FO	FO	FO
R	R	R	R	R	R	R	R
MT	MT	MT	MT	MT	MT	MT	MT
EX	EX	EX	EX	EX	EX	EX	EX
T }	T }	T }	T }	T }	T }	T }	T }

Telephone number { FORMTEXT }

Email address { FORMTEXT }

DX number { FORMTEXT }

6. Other persons to be notified

Person 1

Full name	{ FORMTEXT }
-----------	--------------

Address { FORMTEXT }

Postcode

{	{	{	{	{	{	{	{
F	O	F	O	F	O	F	O
R	R	R	R	R	R	R	R
M	T	M	T	M	T	M	T
E	X	E	X	E	X	E	X
T	T	T	T	T	T	T	T
}	}	}	}	}	}	}	}

Person 2

Full name { FORMTEXT }

Address	{ FORMTEXT }								
		{	{	{	{	{	{	{	{
		F	O	F	O	F	O	F	O
		R	R	R	R	R	R	R	R
		M	T	M	T	M	T	M	T
		E	X	E	X	E	X	E	X
		T	}	T	}	T	}	T	}

7. Why are you making this application?

7a. If you are applying for:

{ EMBED PBrush }

- An enforcement order

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)

{ FORMTEXT }

7b. If you are applying for:

{ EMBED PBrush }

- An order for compensation for financial loss

please tell us about why you are making this application, if not go to 7c.

Amount claimed (total figure)

£{ FORMTEXT }

Please explain why you are making this claim and attach any receipts or other evidence of financial loss.

{ FORMTEXT }

7c. If you are applying for:

- Action as a result of breach of an enforcement order

{ EMBED PBrush }

please tell us about why you are making this application, if not go to 7d.

Please tell us how the enforcement order has been breached.

{ FORMTEXT }

Please attach a copy of the enforcement order if available.

Name of court where the enforcement order was made

{ FORMTEXT }

{ EMBED PBrush }

Name of local justice area responsible for the enforcement order

{ FORMTEXT }

Date enforcement order was made

{ FORMTEXT } / { FORMTEXT } / { FORMTEXT }

	X
	T
	}

X	X
T	T
}	}

X	X	X	X
T	T	T	T
}	}	}	}

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:

- How your circumstances have changed since the enforcement order was made
- How often contact is now taking place
- Why you think the hours or time period should be amended.

{ FORMTEXT }

Please attach a copy of the enforcement order, if available.

{ EMBED PBrush }

Name of local justice area responsible for the enforcement order

{ FORMTEXT }

Date enforcement order made

{ FORMTEXT } / { FORMTEXT } / { FORMTEXT }

Number of hours of unpaid work required

{ FORMTEXT }

Number of hours of unpaid work completed

{ FORMTEXT }

Number of hours of unpaid work outstanding

{ FORMTEXT }

What are the new proposed hours?

{ FORMTEXT }

If requesting extension of the 12 month period for completion, what is the new proposed completion date?

{ FORMTEXT } / { FORMTEXT } / { FORMTEXT }

If you are applying to amend the order because you are moving house, what will be the name of the new local justice area?

{ FORMTEXT }

If you are moving house what will your new address be?

{ FORMTEXT }

When will you start living there?

{	{		{	{		{	{	{	{
FO	FO		FO	FO		FO	FO	FO	FO
RM	RM		RM	RM		RM	RM	RM	RM
TE	TE	/	TE	TE	/	TE	TE	TE	TE
XT	XT		XT	XT		XT	XT	XT	XT
}	}		}	}		}	}	}	}

8. Current court cases which concern the child(ren)

Are you aware of any other ongoing court cases which concern any of the children at Section 4?

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

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

If Yes, please provide additional details about which child(ren) are involved in other court cases?

Additional details

Name of child(ren)

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Name of the court where proceedings are being heard

{ FORMTEXT }

Case no.

{ FORMTEXT }

Name of Cafcass/CAFCASS CYMRU Officer

{ FORMTEXT }

Name and address of child's solicitor, if known

{ FORMTEXT }

Address

{ FORMTEXT }

Postcode

{	{	{	{
FO	FO	FO	FO
R	R	R	R
MT	MT	MT	MT
EX	EX	EX	EX
T	T	T	T

{	{	{	{
FO	FO	FO	FO
R	R	R	R
MT	MT	MT	MT
EX	EX	EX	EX
T	T	T	T

Email address

{ FORMTEXT }

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

Please tick if additional sheets are attached.

{ FORMCHECKBOX }

9. 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

{ FORMTEXT }

Name of applicant solicitors firm

{ FORMTEXT }

Signed

(Applicant) (Applicant's solicitor)

Dated

{

F

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R

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}

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

{ FORMTEXT }

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.

10. 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?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please specify the language and dialect:

{ FORMTEXT }

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

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please say what the needs are

{ FORMTEXT }

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).

{ FORMTEXT }

Court staff may get in touch with you about the requirements

Checklist

Please check that you have completed all parts of the form and attached all the relevant documents:

{
FOR

MC a copy of the child arrangements order
HEC or court case number

KBO
X }

{
FOR

MC appropriate fee enclosed (leaflet EX50
HEC provides information about court fees)

KBO
X }

{
FOR

MC copies of the application and
documents attached for each
HEC respondent, and one for
KBO Cafcass/CAFCASS CYMRU

X }

Court fees

You may be exempt from paying all or part of the fee. The combined booklet and application form 'EX160A Court Fees - Do you have to pay them' gives more information. You can get a copy from the court or download a copy from our website at www.hmcourts-service.gov.uk

{
 FOR
 MC a copy of the enforcement order (if any
 HEC previously made)
 KBO
 X }
 {
 FOR
 MC any receipts or other documentary
 HEC evidence to support financial loss
 KBO claim (if applicable)
 X }
 {
 FOR
 MC details of additional children, if there
 HEC are more than four children in Section
 KBO 4
 X }
 {
 FOR
 MC details of additional respondents, if
 HEC there are more than two respondents
 KBO in Section 5
 X }

Now take or send your application with the correct fee to the court.