IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN

CIVIL DIVISION – FAMILY BUSINESS

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|  | FAM20 / |  |

Name of Sole Applicant / Applicant 1 (delete as appropriate)

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| Click or tap here to enter text. |

Name of Respondent / Applicant 2 (delete as appropriate)

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| Click or tap here to enter text. |

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| 1. Advocate’s name  |  | | --- | | Click or tap here to enter text. |  1. Acting for the   Sole Applicant  Applicant 1  Applicant 2   1. Have you discussed with the applicant (s) the possibility of reconciliation?   Yes  No   1. Have you given to the applicant(s) the names and addresses of persons qualified to help effect a reconciliation?   Yes  No  I believe the facts stated in this form are true.  Signature      Date: Click or tap to enter a date. |  |