

# Details for application sheet

## MISCONDUCT RESTRAINING ORDER

Ensure you provide as many details as you know, as this information will assist the police in serving any restraining order or summons that may be made

### PERSON SEEKING TO BE PROTECTED

Family Name		Given Names	
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<i>Person Seeking to be Protected Ethnicity</i>			
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> British	<input type="checkbox"/> Italian	<input type="checkbox"/> Turkish
<input type="checkbox"/> Torres strait islander	<input type="checkbox"/> Chinese	<input type="checkbox"/> Maori	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Australian	<input type="checkbox"/> Indian	<input type="checkbox"/> New Zealander	<input type="checkbox"/> Yugoslav
<input type="checkbox"/> Arabic	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Somali	
<input type="checkbox"/> Other (Please Specify)			
Driver's Licence Number			
Is the Respondent aware of this address?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Address			
Street			
Suburb		Postcode	
Phone Numbers			
Home	Work	Mobile	

### RESPONDENT

(Person who would be bound by the Restraining Order)

Family Name		Other Names	
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<i>Respondent Ethnicity</i>			
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> British	<input type="checkbox"/> Italian	<input type="checkbox"/> Turkish
<input type="checkbox"/> Torres strait islander	<input type="checkbox"/> Chinese	<input type="checkbox"/> Maori	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Australian	<input type="checkbox"/> Indian	<input type="checkbox"/> New Zealander	<input type="checkbox"/> Yugoslav
<input type="checkbox"/> Arabic	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Somali	
<input type="checkbox"/> Other (Please Specify)			
Home Address: Street			
Suburb		Postcode	
Work Name			
Work Address Street			
Suburb		Postcode	
Phone Numbers			
Home	Work	Mobile	

# APPLICANT

(Person lodging this application)

Are you  the person seeking to be protected  the parent or guardian of a child who is to be protected  
 a Police Officer  the legal guardian of the person who is to be protected  
 a Child Welfare Officer on behalf of a "child" seeking to be protected.

**Only complete this section if you are NOT the person to be protected**

Family Name  Given Names

Date of Birth   Male  Female

*Applicant Ethnicity*

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> British	<input type="checkbox"/> Italian	<input type="checkbox"/> Turkish
<input type="checkbox"/> Torres strait islander	<input type="checkbox"/> Chinese	<input type="checkbox"/> Maori	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Australian	<input type="checkbox"/> Indian	<input type="checkbox"/> New Zealander	<input type="checkbox"/> Yugoslav
<input type="checkbox"/> Arabic	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Somali	
<input type="checkbox"/> Other (Please Specify)			

Driver's Licence Number

Home Address  
Street

Suburb  Postcode

Phone Numbers  
Home  Work  Mobile

**Only complete this section if you are a Police Officer**

Name  Work Phone

Signature  Reg No  Police Station

## Grounds for making this application for a Misconduct Restraining Order

**Why do you need a misconduct restraining order? Because the respondent is likely to:**

(Tick the appropriate box.)	<input type="checkbox"/>	Behave in a manner that is intimidating or offensive to the person seeking to be protected
	<input type="checkbox"/>	Damage property owned by, or in the possession of, the person seeking to be protected
	<input type="checkbox"/>	Behave in a manner that is, or is likely to lead to, a breach of the peace

## Application Details

Description of Respondent's Behaviour:

What is the relationship between the Person protected and the Respondent?	<input type="checkbox"/> Married <input type="checkbox"/> De facto	<input type="checkbox"/> Related <input type="checkbox"/> Other – Please specify	
Does the respondent have a firearm or firearms licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does the respondent have access to a firearm at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Have any incidents been reported to Western Australia Police? If so, please provide any incident report numbers provided to you by police.			