

Details for application sheet

VIOLENCE 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) <input type="text"/> | | | |

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 Violence Restraining Order

Why do you need a violence restraining order? To prevent the respondent from:

| | | |
|-----------------------------|--------------------------|--|
| (Tick the appropriate box.) | <input type="checkbox"/> | committing an act of abuse against the person seeking to be protected |
| | <input type="checkbox"/> | behaving in a way that could reasonably be expected to cause fear that a person seeking to be protected will have an act of abuse committed against him or her |
| | <input type="checkbox"/> | exposing a child to an act of family and domestic violence; or |
| | <input type="checkbox"/> | behaving in a way that could reasonably be expected to cause fear that a child will be exposed to an act of family and domestic violence |

Application Details

Description of Respondent's Behaviour:

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