

Information for an application for a FAMILY VIOLENCE RESTRAINING ORDER *or* VIOLENCE RESTRAINING ORDER

Please provide as many details as you can, to help the police to serve any order that may be made

NATURE OF RELATIONSHIP

		<input type="checkbox"/> Family Relationship (Family Violence Restraining Order)	A family relationship means a relationship between 2 people who are, or were, married, de facto partners, related to each other (including by culture or kinship) or otherwise in an intimate or family-type relationship.
What is the relationship between the person seeking to be protected and the respondent?	I am seeking a restraining order against my:	<input type="checkbox"/> Husband <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Uncle <input type="checkbox"/> De facto partner <input type="checkbox"/> Son <input type="checkbox"/> In-law <input type="checkbox"/> Boyfriend <input type="checkbox"/> Daughter <input type="checkbox"/> Carer <input type="checkbox"/> Girlfriend <input type="checkbox"/> Sibling <input type="checkbox"/> Child that lives with me <input type="checkbox"/> Ex-Partner <input type="checkbox"/> Step-relative <input type="checkbox"/> Partner's Ex-Partner <input type="checkbox"/> Ex-Partner's Partner <input type="checkbox"/> Partner's Relative <input type="checkbox"/> Ex-Partner's Relative Other	
			<input type="checkbox"/> Non-Family Relationship (Violence Restraining Order)
	I am seeking a restraining order against my:	<input type="checkbox"/> Colleague <input type="checkbox"/> Employer <input type="checkbox"/> Neighbour <input type="checkbox"/> Employee <input type="checkbox"/> Acquaintance/Friend <input type="checkbox"/> Unknown Other	

PERSON SEEKING TO BE PROTECTED

Family Name			
Given Names			
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Postal Address Street	Suburb	Postcode	
Home Address Street	Suburb	Postcode	
Is the Respondent aware of your home address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Ph. No.	Mobile No.	Work Ph. No.	
Preferred Service Method: Note*- some documents require personal service in accordance with the <i>Restraining Orders Act 1997 (WA)</i> Post: <input type="checkbox"/> Email: <input type="checkbox"/> Email: _____			
<i>Person Seeking to be Protected Ethnicity</i>			
<input type="checkbox"/> Aboriginal Australian	<input type="checkbox"/> British	<input type="checkbox"/> Italian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Chinese	<input type="checkbox"/> Maori	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Non-Aboriginal Australian	<input type="checkbox"/> Indian	<input type="checkbox"/> New Zealander	<input type="checkbox"/> Arabic
<input type="checkbox"/> Indonesian	<input type="checkbox"/> South African	<input type="checkbox"/> Sudanese	<input type="checkbox"/> Other (Please Specify)

PERSON YOU ARE SEEKING THE RESTRAINING ORDER AGAINST (‘RESPONDENT’)

Family Name		
Given Names		
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address Street	Suburb	Postcode
Work Name		
Work Address Street	Suburb	Postcode
Phone Numbers Home Work Mobile		
Email Address		
<i>Respondent Ethnicity</i>		
<input type="checkbox"/> Aboriginal Australian	<input type="checkbox"/> British	<input type="checkbox"/> Italian
<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Chinese	<input type="checkbox"/> Maori
<input type="checkbox"/> Non-Aboriginal Australian	<input type="checkbox"/> Indian	<input type="checkbox"/> New Zealander
<input type="checkbox"/> Indonesian	<input type="checkbox"/> South African	<input type="checkbox"/> Sudanese
		<input type="checkbox"/> Filipino
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Arabic
		<input type="checkbox"/> Other (Please Specify)

PERSON LODGING THIS APPLICATION (‘APPLICANT’)

Are you	<input type="checkbox"/> the person seeking to be protected	<input type="checkbox"/> the parent or guardian of a child who is to be protected
	<input type="checkbox"/> a Police Officer	<input type="checkbox"/> the legal guardian of the person who is to be protected
	<input type="checkbox"/> a Child Welfare Officer on behalf of a “child” seeking to be protected	

STOP: Only complete this section if you are applying on behalf of someone else

Family Name		
Other Names		
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Postal Address Street	Suburb	Postcode
Home Ph. No.	Mobile No.	Work Ph. No.
Preferred Service Method: Note*- some documents require personal service in accordance with the <i>Restraining Orders Act 1997 (WA)</i> Post: <input type="checkbox"/> Email: <input type="checkbox"/> Email:		
<i>Applicant Ethnicity</i>		
<input type="checkbox"/> Aboriginal Australian	<input type="checkbox"/> British	<input type="checkbox"/> Italian
<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Chinese	<input type="checkbox"/> Maori
<input type="checkbox"/> Non-Aboriginal Australian	<input type="checkbox"/> Indian	<input type="checkbox"/> New Zealander
<input type="checkbox"/> Indonesian	<input type="checkbox"/> South African	<input type="checkbox"/> Sudanese
		<input type="checkbox"/> Filipino
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Arabic
		<input type="checkbox"/> Other (Please Specify)

STOP: Only complete this section if you are a Police Officer

Name	Work Phone	
Signature	Reg No	Police Station

Grounds for making this application

<p>Why do you need a restraining order? To prevent the respondent from: (Tick the appropriate box or boxes)</p>	<input type="checkbox"/> committing personal violence or family violence <input type="checkbox"/> behaving in a way that makes you believe that personal violence or family violence <u>will be</u> committed <input type="checkbox"/> exposing a child to family violence; or <input type="checkbox"/> behaving in a way that makes you believe that a child <u>will be</u> exposed to family violence
<p>Has the Respondent been convicted of a violent offence against you (section 13A application)?</p>	<input type="checkbox"/> Please provide details of the offence (charge details- date of offence, date of conviction, court convicted in, particulars of the offence)

Application Details

Please briefly summarise the Respondent's behaviour: [Use the HELP SHEET] but ONLY write in the space provided here

Are there any current family orders relating to the respondent's rights in relation to children who may be affected by a restraining order? [If yes, please attach copies of these orders]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Are there any current Family Court proceedings in which such orders are being sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is the person seeking to be protected a child who is under the control or in the care of a person under a child welfare law?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, has this application been made with the written consent of a person who, under the relevant child welfare law, has responsibility for the control or care of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is the respondent a child who is under the control or in the care of a person under a child welfare law?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is the respondent under 16 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If the respondent is under 16 years of age, is the person seeking to be protected any of the following: <ul style="list-style-type: none"> • a parent or guardian of the respondent; • a person responsible for the day to day care of the respondent; • a person with whom the respondent habitually resides? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the respondent have a firearm item or firearms authorisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the respondent have access to a firearm item – either at work or otherwise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the respondent have an explosives licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the respondent have access to explosives – either at work or otherwise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Do you want this application heard in the absence of the Respondent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If conferencing is available, do you object to the matter being listed for a Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you would like the restraining order extended to protect other people (e.g. children in your care), please provide their details below:		
Name:	Date of Birth:	Relationship to person seeking protection:
Have any incidents been reported to Western Australia Police? Please list the Incident Report number(s) if you have them		
Do any other restraining orders exist (including local (WA), national or international court orders or police orders) between the person seeking protection and the respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details (e.g. State/Territory in which order made, order number)		

Additional Information for Respondent

Please provide as many details as you can, to help the police to serve any order that may be made

Vehicle Make and Model	
Vehicle Registration Number	
Vehicle Colour	
What are the best days / times / locations for the WA Police to serve the restraining order?	
Does the Respondent use any form of social media?	
Does the Respondent hold a Dangerous Goods Security Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the Respondent hold an Explosives Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

HELP SHEET

What is family violence?

Family violence means:

- **violence** or a threat of violence; or
- any other behaviour that **coerces or controls** you, or makes you **fearful**.

These are **some** examples but there may be others:

Assault	E.g. Hitting, punching, pushing, pulling, kicking, choking, or threat to do this
Sexual Assault	E.g. Pressuring you into sexual acts, rape, other indecent assault, or threats to do this
Stalking or cyber-stalking	E.g. Following you to intimidate you or using electronic means to monitor your movements or communications, repeatedly communicate with or harass you
Repeated derogatory remarks	E.g. Verbal abuse, calling you names, putting you down, saying you are worthless, saying things that humiliate, shame or degrade you
Damaging or destroying property	E.g. Breaking or damaging property (that you own, have custody of, use or enjoy, either in the place where you live or work)
Killing or injuring an animal	E.g. Pets or other animals in your care
Economic abuse	E.g. Unreasonably denying financial autonomy (e.g. unreasonably controlling your access to money, not letting you work, forcing you to pay money to others against your will, forcing you to take on debts) E.g. Unreasonably denying necessary financial support in circumstances of financial dependency (e.g. withholding money needed to look after yourself or children)
Preventing you from making or keeping connections with your family, friends or culture	E.g. Isolating you or cutting you off from your friends or family
Kidnapping or deprivation of liberty	E.g. Keeping you inside or in a place against your will
Distributing or publishing intimate personal images	E.g. Posting or threatening to post nude photos or videos on Facebook or Instagram, or emailing them to someone
Exposing a child to family violence	E.g. Causing a child to see, hear or otherwise experience the effects of family violence, such as overhearing threats of death or personal injury; seeing or hearing an assault; comforting or providing help to a person who has been assaulted; cleaning up a site after property damage; being present when police or ambulance officers attend an incident involving family violence
Other coercing, controlling behaviour	E.g. Intimidating, bullying, controlling where you go, what you wear or eat, when you sleep, who you can see, forcing you to do things you don't want to do

What is a family relationship?

A 'family relationship' means a relationship between 2 people:

- who are – or were – **married** to each other;
- who are – or were – in a **de facto** relationship with each other;
- who have – or had – an **intimate** personal relationship or other personal relationship with each other;
- who are – or were – **related** to each other (including by culture e.g. Aboriginal kinship relationships);
- one of whom is a **child** who normally lives or stays with the other person;
- one of whom is – or was – a child of whom the other person is a **guardian**.

Please note – If you are seeking protection from someone with whom you are not in a family relationship (e.g. a colleague, neighbour or friend), you will need to apply for a violence restraining order (VRO).

What happens next?

1. Take your completed application form to the Front Counter
2. They will tell you when you need to come to Court
3. If the Court decides to grant you a restraining order, think about what conditions you want. E.g. *"I do not want the Respondent to come near my house or my work"; "I do not want the Respondent to contact me except about the kids..."* etc.