

**MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
23 – APPLICATION – Restraining Order**

Registry: Western Australia	Case number:
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Person Protected / Applicant:	
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Person Bound / Respondent:	
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*delete as applicable

<p>To the Registrar The person protected*/person bound*/other* makes application for the following order(s):</p> <p style="font-size: 1.2em; margin-top: 20px;">NATURE OF ORDER SOUGHT</p>
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Signature of applicant/ lawyer:

Date:

<p><i>For Court Use Only</i></p> <p>Your Attendance is required.</p> <p>NOTICE OF HEARING</p> <p>This application will be heard at Magistrates Court held at: _____ Western Australia. on _____ day the _____ day of _____ 20 _____ at _____ am/pm</p>

Registrar: _____ Date: _____

To: Person Protected*/Person Bound*/Other*

To: Person Protected*/Person Bound*/Other*

Lodged by	<input type="checkbox"/> Person Protected or Protected Person's Lawyer	<input type="checkbox"/> Other
	<input type="checkbox"/> Person Bound or Bound Person's Lawyer	

MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
GENERAL FORM OF AFFIDAVIT
FORM 2

Registry:	<u>Western Australia</u>	Case number:
Fax:	Phone:	

Person Protected / Applicant:	
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Person Bound / Respondent	
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I (full name) of
 (address)
 (occupation)

(* Delete as applicable)

having been duly sworn*/affirmed* say on oath*/affirm the following:

1. I am the (description of party) in this case.
- 2.

SWORN/AFFIRMED

atthis day

of 20..... in the presence of

.....
 Registrar/Justice of the Peace/other authorised witness

.....
 Deponent

Each page is to be dated and signed by the person making the affidavit and the witness.

Tick [✓] appropriate box

Lodged by	<input type="checkbox"/> Claimant or claimant's lawyer			
	<input type="checkbox"/> Defendant or defendant's lawyer			
<input type="checkbox"/> Other				
Address for service				
Contact details	Telephone:	Lawyer's ref:	Fax:	E mail:

as at 01/09/2008