

**AFFIDAVIT IN SUPPORT OF AN APPLICATION FOR A
FAMILY VIOLENCE RESTRAINING ORDER**
Pursuant to Section 28(1) of the Restraining Order Act 1997

BETWEEN:

Full name of person seeking to be protected ('Applicant')

And

Full name of person you are seeking the restraining order against ('Respondent')

I, _____ in the State of Western Australia, make an oath / affirm and say as follows:

My occupation is _____

The Respondent's occupation is _____

The Respondent is my (spouse, partner, son, daughter, other family or related person): _____

I have known the Respondent for _____ (TOTAL length of time)

Date of Marriage / Partnership _____ (if applicable)

Date of separation _____ (if applicable)

Have you previously applied for/been granted a restraining order against the Respondent? If so, please provide details and dates below:

Have there been any police orders issued against the Respondent? If so, provide details and dates:

Has the Respondent breached any undertakings? If so, please provide details and dates below:

In the following pages, you can tell the court about:

1. Why you want a family violence restraining order;
2. Any children that may be affected by the family violence restraining order; and
3. What details ('terms') you would like to have included in the family violence restraining order.

1. Why do you want a family violence restraining order ('FVRO')?

Completing this section will assist the court to decide whether an FVRO should be granted.

In summary, why are you seeking an FVRO against the Respondent? Please provide a general description of the Respondent's behaviour [Use the Help Sheet located on the back of the application form for guidance]:

Are there any specific incidents that you would like the court to know about? Describe the most serious and recent incidents:

Incident #1

What happened?

How did this incident affect you? (eg. emotional trauma, any physical injuries, caused you to be in fear of the Respondent etc):

I received medical attention Yes No

Reported to Police Yes No

Police Incident Report No. (if you have it):

The respondent used a weapon in this incident Yes No

The weapon or thing used was: (eg. gun, knife, stick, pole, chair etc)

Incident #2

What happened?

How did this incident affect you? (eg. emotional trauma, any physical injuries, caused you to be in fear of the Respondent etc):

I received medical attention Yes No

Reported to Police Yes No

Police Incident Report No. (if you have it):

The respondent used a weapon in this incident Yes No

The weapon or thing used was: (eg. gun, knife, stick, pole, chair etc)

Incident #3

What happened?

How did this incident affect you? (eg. emotional trauma, any physical injuries, caused you to be in fear of the Respondent etc):

I received medical attention Yes No

Reported to Police Yes No

Police Incident Report No. (if you have it):

The respondent used a weapon in this incident Yes No

The weapon or thing used was: (eg. gun, knife, stick, pole, chair etc)

2. Issues relating to children

Use this section to advise the court of any issues relating to children. If not applicable, please skip to the next page.

Details of affected child/children, if any:

Name of Child	Date of Birth	Child resides with Applicant / Respondent	Child of this Relationship (Y / N)
1.			
2.			
3.			
4.			
5.			
6.			

In your application form, did you request that the FVRO be extended to protect someone other than yourself, such as children? If so, please explain why you want them to also be protected?

Family Court Orders

Are there any Family Court Orders or Parenting Plans relating to the Respondent and child/children? Yes No

If yes, please attach a copy of these Orders to your application. If no, please skip to the next page.

What are the contact arrangements?:	
What is the date of your next hearing in the Family Court (if applicable)?	
Do the Family Court Orders or Parenting Plans allow contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When is contact allowed?	
Where is contact allowed?	
Is the contact supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who supervises?	
How are the arrangements made? <small>(phone call, text message, email, letter, standard agreement)</small>	

3. Details of the family violence restraining order

Completing this section will assist the court to decide on the details of the family violence restraining order, should one be granted.

<p>Contact (tick the appropriate boxes)</p>	<p><input type="checkbox"/> I do not want the Respondent to come near the children's school and/or daycare</p> <p><input type="checkbox"/> I do not want the Respondent to come near my work or place of study</p> <p><input type="checkbox"/> I do not want the Respondent to come near the children's school and/or daycare</p>
<p>Communication (tick the appropriate boxes)</p>	<p><input type="checkbox"/> I do not want any communication to occur between the respondent and myself (If you tick this box, SKIP to Accommodation section)</p> <p><input type="checkbox"/> I still need some communication with the respondent, but only about the following matters:</p> <p><input type="checkbox"/> Children (eg. schooling, health etc)</p> <p><input type="checkbox"/> Children (contact arrangements)</p> <p><input type="checkbox"/> Property matters</p> <p><input type="checkbox"/> Other</p> <p>I want the Respondent to communicate with me by:</p> <p><input type="checkbox"/> Text Message</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Third Person (say who)</p> <p>Do you have any other requests relating to communication and/or contact?</p>
<p>Accommodation (tick the appropriate box)</p>	<p>I want to live (or continue living) at the following address:</p> <p>The respondent owns or jointly owns these premises <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The respondent leases or jointly leases these premises <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> The respondent does not live at this address and should be prevented from coming near this address.</p> <p><input type="checkbox"/> The respondent lives at this address and I want him or her to be required to leave</p> <p><input type="checkbox"/> The respondent lives at this address together with me and I want this to continue</p>

Personal belongings	<p>Will the proposed restraining order affect the respondent's employment or ability to access his or her personal belongings or things needed for work?</p> <p><input type="checkbox"/> Yes: Please provide details below <input type="checkbox"/> No (skip to next section)</p>
	<p>Will the proposed restraining order affect your employment or ability to access your personal belongings or things needed for work?</p> <p><input type="checkbox"/> Yes: Please provide details below <input type="checkbox"/> No (skip to next section)</p>
Service of FVRO	<p>Do you have any reason to believe that the respondent will be hard to serve (if the court decides to grant an order)?</p> <p><input type="checkbox"/> Yes: Please provide details below* <input type="checkbox"/> No</p> <p>*e.g. the respondent does not have a fixed place of address or is likely to avoid service</p>
Other conditions	<p>Is there anything else that you would like the restraining order to stop the respondent from doing? For example:</p> <p><input type="checkbox"/> Sending or posting intimate personal images of you (or threatening to)</p> <p><input type="checkbox"/> Cyber-stalking you: eg. GPS tracking you where you go, tapping into your email or computer, monitoring or recording your phone calls etc.</p> <p>Please provide details:</p>

Sworn/ Affirmed at
 this _____ day of _____ 20____
 before me,



Justice of the Peace/ Registrar / Deputy Registrar

NOTE: The Respondent may request the Court to provide them with a copy of this affidavit