

Information for an application for a 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 issued

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
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 address:	

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
Email		

APPLICANT (Person lodging this application)

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.	

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

Family Name			
Given Names			
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<i>Applicant 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		
Home Address		
Street		
Suburb		Postcode
Phone Numbers		
Home	Work	Mobile
Email		

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 restraining order? To prevent the respondent from: (Tick the appropriate box or boxes)	<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"/> Colleague <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Acquaintance/ Friend	<input type="checkbox"/> Neighbour <input type="checkbox"/> Colleague <input type="checkbox"/> Other – Please specify:	
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
If 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
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 at work?	<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
Have any incidents been reported to Western Australia Police? If so, please provide any incident report numbers provided to you by police.			