



Request for Approval and Registration Online Restraining Order Application Form

Private Practitioner Application

Given name:

Family name:

Address:

Phone:

Email:

I have read and understand the [Conditions of Use](#) associated with using the eCourts Portal and agree to abide by them.

Signature: _____

Date:

Law Firm Application

Note: A law firm application must be approved by a senior legal or administrative representative of the law firm

Business name:

Business address:

Approver name:

Approver title

Approver email:

Phone:

I have read and understand the eCourts Portal [Conditions of Use](#) and agree to abide by them. I certify that the users listed below at Attachment A have a legitimate purpose for the access requested, and that those users will comply with the eCourt Portal [Conditions of Use](#).

Signature: _____

Date:

Please email completed form to crt-mc-managementgroupforms@justice.wa.gov.au

Admin Use Only -----

Supported/Not Supported _____ Date: _____

Signature of Director Magistrates Court and Tribunals

Approved/Not approved _____ Date: _____

Signature of delegated authority

Attachment A

Users requiring Access to Online Restraining Order Application Portal			
Solicitor	Paralegal / Admin staff	Email address	Already registered on eCourts Portal?