



# CHILDREN'S COURT OF WESTERN AUSTRALIA

## NOTICE OF CEASING TO ACT

Protection and Care of Children  
Children & Community Services Act 2004

File No:

Date Filed:

<b>CHILD</b>	Full Name:		
	Date of Birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

<b>NEXT COURT DATE</b> [if applicable]	Court date	/	/20	am/pm
	Location			

<b>FILED BY</b>	Lawyer's Full Name:			
	Legal Firm's Name:			
	Legal Representative for the Applicant/Respondent:	..... [name of Applicant/Respondent]		
	<p><b>A copy of this Notice has been served on the Applicant/Respondent by post at his/her last known place of residence as follows:</b></p> <p>Address: .....</p> <p>.....State.....Postcode.....</p> <p>Phone:.....Fax:.....Email:.....</p> <p><b>[Please provide as many contact details as instructions permit]</b></p>			

<b>SIGNATURE</b>	Signature of Lawyer:			
	Date:			