

**CHILDREN'S COURT of WESTERN AUSTRALIA  
CIVIL JURISDICTION (RESTRAINING ORDER)**

**APPLICATION FOR A WITNESS SUMMONS**  
FORM 46

Application Number	
Registry	<b>Perth</b>

<b>Applicant</b>	Name		Phone no	
	Address		Fax no	

<b>RO Number</b>	
<b>Applicant</b>	
<b>Protected Person</b>	
<b>Respondent</b>	

<b>Application</b>	<b>I request the court to issue the attached witness summons/es requiring the named witness/es to give or produce evidence on behalf of the applicant in the above case.</b>
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<b>LIST OF PERSONS SUMMONED</b> <small>See over for additional list of persons summonsed if required</small>	Address	Summons to attend	Summons to produce	Amount of reasonable expenses to be tendered (\$)

<b>Time and place witness/es are to appear</b>	Date	/ / 20	Time	<input type="checkbox"/> am / <input type="checkbox"/> pm
	Court	<b>Perth Children's Court</b>	Place	<b>160 Pier Street, Perth</b>

<b>Signature of applicant/ lawyer</b>		Date	/ /20
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<b>Lodged by</b> <i>Tick [✓] appropriate box</i>	<input type="checkbox"/> Applicant or applicant's lawyer <input type="checkbox"/> Respondent or respondent's lawyer <input type="checkbox"/> Other
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<b>Address for service</b>	<input type="checkbox"/> Residential, business or postal:  <input type="checkbox"/> Email: <input type="checkbox"/> Fax:
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<b>Contact details</b>	Phone		Lawyer's ref	
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