

Details for application sheet

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 made

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 | |

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 | |

APPLICANT

(Person lodging this application)

Are you the person seeking to be protected the parent or guardian of a child who is to be protected
 a Police Officer the legal guardian of the person who is to be protected
 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 Male Female

Applicant Ethnicity

| | | | |
|---|-------------------------------------|--|-------------------------------------|
| <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

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 misconduct restraining order? Because the respondent is likely to:

| | | |
|-----------------------------|--------------------------|--|
| (Tick the appropriate box.) | <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:

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Application Details

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| | | | |
|--|---|-----------------------------|----------------------------------|
| What is the relationship between the Person protected and the Respondent? | <input type="checkbox"/> Family or domestic relationship (current or former) – Please specify | | |
| | <input type="checkbox"/> Other – Please specify | | |
| Does the respondent have a firearm or firearms licence? | <input type="checkbox"/> Yes | | <input type="checkbox"/> Unknown |
| Does the respondent have access to a firearm at work? | <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. | | | |
| | | | |