

## CHILDREN'S COURT OF WESTERN AUSTRALIA

<b>RESPONSE</b> Protection and Care of Children <i>Children &amp; Community Services Act 2004</i>	File No:
	Date Filed:
<b>COURT DATE</b>	Court date:          /          /20          am/pm Court place: 160 Pier Street, Perth WA 6000

<b>FILED ON BEHALF OF</b> <i>(tick one)</i>	<input type="checkbox"/> Communities <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child Representative <input type="checkbox"/> Other _____ [state relationship to child]
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<b>CHILD 1</b>	Full Name:	<b>CHILD 2</b>	Full Name:
	Date of Birth:     /     /		Date of Birth:     /     /
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>CHILD 3</b>	Full Name:	<b>CHILD 4</b>	Full Name:
	Date of Birth:     /     /		Date of Birth:     /     /
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>RESPONDENT</b> <i>(Person making the response)</i>	Full Name
	Address:
	Occupation:

**FINAL ORDERS SOUGHT** (Number paragraphs separately)  
 (Attach extra pages if you need more space)

**INTERIM ORDERS SOUGHT** (Number paragraphs separately)  
 (Attach extra pages if you need more space)

## AFFIDAVIT/EVIDENCE

[Number each paragraph. You need a separate paragraph for each item you dispute. Attach extra page(s) if you need more space]

1. I agree with paragraphs [put in the numbers of any paragraphs you fully agree with]  
of the Department's affidavit sworn/affirmed [cross out which ever does not apply]  
by [name of person who swore/affirmed the affidavit]  
on [put in date it was witnessed] .

[If applicable]

2. I agree with part of paragraph [put in the number of the paragraph] but disagree with .

[If applicable]

3. I disagree with all/part of [cross out which ever does not apply] paragraph [put in the number of the paragraph] .

Signature of deponent (person making affidavit)

Signature of witness

**AFFIDAVIT/EVIDENCE CONTINUED**

[Number each paragraph. You need a separate paragraph for each item you dispute. Attach extra page(s) if you need more space]

[Empty space for affidavit content]

<b>SIGNED</b>	I swear / affirm that the contents of this response, of which I have personal knowledge, are true. All other facts are true to the best of my knowledge, information and belief.		
	..... Signature of Deponent	..... Place	..... Date
	<b>Before me</b>		
	..... Signature of Witness	..... Full name of witness	..... Type: JP, Registrar, Lawyer