

**CHILDREN'S COURT of WESTERN AUSTRALIA
CIVIL JURISDICTION (PROTECTION & CARE)**

APPLICATION FOR A WITNESS SUMMONS
FORM 46

Application Number	
Registry	Perth

Applicant	Name		Phone no	
	Address		Fax no	

Respondent/s	

Concerning the Child [Name]	
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Application	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.
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LIST OF PERSONS SUMMONED <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 (\$)

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

Signature of applicant/ lawyer		Date	/ / 20
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Lodged by <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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Address for service	<input type="checkbox"/> Residential, business or postal: <input type="checkbox"/> Email: <input type="checkbox"/> Fax:
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Contact details	Phone		Lawyer's ref	
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