

Restraining Order Number:

**Affidavit in Support of a Family or Non-Family or Misconduct
Violence Restraining Order Application**

Pursuant to Section 28(1) of the *Restraining Orders Act 1997*

This document must be signed in the presence of the Registrar/Deputy Registrar at the Perth Children's Court with photo ID.

Applicant	
Person/persons seeking to be protected	
Person/persons seeking to be restrained	

I, _____ (insert name) of, _____ (insert address)

in the State of Western Australia, make oath and say/affirm as follows:

My occupation is

My relationship/connection with the person/persons seeking to be restrained is

Incident history	
Date	
Place	
Description of Incident	
Injuries	
Was the incident reported to police	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident report number	

Signature of Applicant

Signature of JP/Dep. Registrar/Registrar

Incident history	
Date	
Place	
Description of Incident	
Injuries	
Was the incident reported to police	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident report number	

Incident history	
Date	
Place	
Description of Incident	
Injuries	
Was the incident reported to police	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident report number	

Signature of Applicant

Signature of JP/Dep. Registrar/Registrar

Facts of family relationship or partnership, if relevant

I have known the person to be restrained for	
Date of marriage or commencement of relationship	
Date of separation	

Children shared between the two parties

Child's name	
DOB	
Lives with	
Child's name	
DOB	
Lives with	
Child's name	
DOB	
Lives with	
Child's name	
DOB	
Lives with	
Child's name	
DOB	
Lives with	
Child's name	
DOB	
Lives with	

Signature of Applicant

Signature of JP/Dep. Registrar/Registrar

Are there any current Family Court orders relating to the person to be restrained and the child/children	
What are those Family Court Orders?	
What is the address you want to live at?	
Is this address being rented or mortgaged?	<input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged
Is the person to be restrained's name on the Certificate of Title or on the lease documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this address currently occupied by the person to be restrained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why do you need to live at this address?	

Other

The following facts are relevant to this application and are not covered in the above paragraphs	
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To be completed by Justice of the Peace/Registrar/Deputy Registrar

Sworn/Affirmed at
in the State of Western Australia
on the day of , 20
Before me:

Name of Justice of the Peace/Registrar/Deputy Registrar

Signature of Applicant

Signature of JP/Dep. Registrar/Registrar