



Children's Court  
of Victoria

# APPLICATION FOR ASSOCIATED FINAL ORDER FOR ADDITIONAL APPLICANT

Family Violence Protection Act 2008, Section 76

The information in this form assists the Court Registrar to prepare your application for an associated final order.

Answers to questions marked with ★ will not be included in the Application for Final Order that will be given to the respondent

Court reference no.

Date of hearing

## APPLICANT

Family name

Given name

Current address

Do you wish to disclose this address?

Yes  No

Police Registered No

Phone

Fax

The additional Applicant is:

- a police officer
- an associate of the affected family member/protected person
- an adult (over 18) with the written consent of an affected family member
- a parent of an affected family member who is a child
- a person with the written consent of a parent of the child
- an affected family member of or about the age of 14 years with leave of the court
- the guardian of an affected family member
- a person who seeks to make the application with the leave of the court

Does the additional applicant consent to the making of the final order?

Yes  No

If the additional applicant is a child, does a parent of the child consent to the making of the final order?

Yes  No

If the additional applicant has a guardian, does the guardian consent to the making of the final order?

Yes  No

**NOTE: The leave of the court is required to make the application if the applicant is either**

- (a) a child aged 14 or older (but less than 18); or
- (b) a person who is not the parent of an affected family member who is a child and who does not have the written consent of a parent of the child; or
- (c) a person other than the guardian appointed under the **Guardianship and Administration Act 1986** (if an appointment has been made)

Do you require the leave of the Court?

Yes  No

## APPLICANT

<b>Who needs the Associated Final Order?</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><i>(Insert name of additional applicant)</i></p>
<b>Date of birth</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Current address</b>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>Does the respondent know this address?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of the affected family member or protected person to the original application</b>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>Court reference number for original application</b>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<b>Name of respondent to the original application</b>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<b>What is the relationship of the additional applicant to the affected family member or protected person?</b>	<input type="checkbox"/> police officer <input type="checkbox"/> a member of the affected family member or protected person's family who provides assistance and support as follows <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <input type="checkbox"/> a friend of the affected family member or protected person who provides assistance and support as follows <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <input type="checkbox"/> a new partner of the affected family member or protected person who provides assistance and support as follows <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <input type="checkbox"/> Other (please specify) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<b>Is an interpreter required?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – specify language <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>
<b>Does the additional applicant have a disability? *</b> Please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>21 Is the additional applicant of Aboriginal and/or Torres Strait Island origin? *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander

## CHILDREN

Does the additional applicant wish to include any child/children in the intervention order?

- No  
 Yes – please specify

### Child 1

Family name

Given name

Date of birth

Relationship to additional applicant

### Child 2

Family name

Given name

Date of birth

Relationship to additional applicant

### Child 3

Family name

Given name

Date of birth

Relationship to additional applicant

### Child 4

Family name

Given name

Date of birth

Relationship to additional applicant

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## RESPONDENT

<b>Who is the Application against?</b>	<input type="text"/> <i>(Inset name of respondent)</i>
<b>Date of birth</b> (or approximate age)	<input type="text"/>
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Current address</b>	<input type="text"/>
<b>Do you think the respondent will need an interpreter at court?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure If yes, specify language <input type="text"/>
<b>Does the respondent have a disability? *</b> Please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
<b>Is the respondent of Aboriginal and/or Torres Strait Island origin? *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander
<b>Does the respondent hold:</b>	<input type="checkbox"/> a firearms authority <input type="checkbox"/> a weapons exemption <input type="checkbox"/> a weapons approval

## Are there any relevant orders in force under the:

<b>Family Law Act 1975?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes Set out the date of the order, the type of order, the name of the court that made the order and the file number (if known): <input type="text"/>
<b>Crimes (Family Violence) Act 1987 or Family Violence Protection Act 2008?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes Set out the date of the order, the type of order, the name of the court that made the order and the file number (if known): <input type="text"/>
<b>Children Youth and Families Act 2005?</b> (i.e. child protection order)	<input type="checkbox"/> No <input type="checkbox"/> Yes Set out the date of the order, the type of order, the name of the court that made the order and the file number (if known): <input type="text"/>

## REASONS FOR SEEKING AN INTERVENTION ORDER

**The respondent has behaved in a manner that:**

- is physically or sexually abusive
- is emotionally or psychologically abusive (including repeated derogatory taunts; threats to disclose your sexual orientation; threats to withhold medication; socially isolating you; or threats of self-harm)
- is economically abusive (including; removing or disposing of property without permission, preventing you from seeking employment, coercing you to sign a financial contract or relinquish control over assets, income or finances)
- is threatening
- is coercive
- in any way controls or dominates you and causes you to feel fear for your safety or wellbeing or that of another person

**Has the respondent:**

- assaulted or threatened to assault you
- damaged your property or threatened to do so
- deprived you of your liberty or threatened to do so
- caused or threatened to cause the death of, or injury to, an animal so as to control, dominate or coerce you
- caused a child to be exposed to any of these behaviours

**What is the most recent incident of family violence by the respondent?**

- **When and where did it occur?**
- **What happened?**

**Have there been other incidents of violence by the respondent in the past?**

- When and where did they occur?
- What happened?

No  Yes

Describe

**Do you think violence may occur again?**

**If so, why?**

No  Yes

**Has the respondent removed any of your personal property or the personal property of another family member against your wishes?**

No  Yes

Describe

**How long do you want the intervention order to last?**

Explain why you want the order to last this long

- Less than 12 months
- 12 months
- More than 12 months

## Conditions of Associated Final Order

### I want the associated final order to say that the respondent is prevented from:

You may choose as many as you like from the list but the magistrate may not include all of the conditions you choose on the order.

If there is something you do not want the respondent to do which is not covered in this list, you should discuss this with the Court Registrar.

- Committing family violence** against the protected person(s)

Note:

The Family Violence Protection Act 2008 defines family violence as behaviour by a person towards a family member of that person that is physically or sexually abusive, emotionally or psychologically abusive, economically abusive, threatening, coercive, or in any other way controls or dominates a family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

Family violence includes behaviour that causes a child to hear or witness or otherwise be exposed to the effects of these behaviours.

- Intentionally **damage any property of the protected person(s)** or threaten to do so.

- Attempting to locate, **follow** the protected person(s) or keep him/her/them under surveillance.

- Publishing on the internet or by email** or other electronic communication any material about the protected person(s).

- Contacting or communicating** with the protected person(s) by any means.

- Approaching** or remaining within  metres of a protected person.

- Going to or remaining** within  metres of

or any other place where the protected person lives, works or attends school/childcare.

- Getting another person** to do anything the respondent must not do under this order.

### I would like exceptions included in the order:

- The respondent may:

- (a) do anything that is permitted by a Family Law Act order, a child protection order or a written agreement about child arrangements; or
- (b) negotiate child arrangements by letter, email or text message; or
- (c) communicate with a protected person through a lawyer or mediator; or
- (d) arrange and/or participate in counselling or mediation; or
- (e) go to the home of a protected person, in the company of a police officer or a person chosen by the applicant, to collect personal property.

**BUT ONLY** if the respondent does not commit family violence while doing so.

### I want the Court to order:

- The respondent must arrange to **return personal property** belonging to the protected person/s within 2 days of the service of the order.
- The respondent must arrange to **return jointly owned property** within 2 days of the service of the order.
- Any **firearms authority** held by the respondent to be cancelled. The respondent must hand any firearms in his/her possession to police immediately.

- Any **weapons approval or weapons exemption** held by the respondent to be revoked. The respondent must hand any weapons in his/her possession to police.
- I would like the Court to encourage the respondent to contact the **Men's Referral Service**.

**Children's arrangements:**

- I would like the Family Law Act order about my children to be revived, varied or suspended.
- I do not believe that my safety or the safety of my child/ren will be jeopardised by the child/ren living with, spending time with or communicating with the respondent. I understand that the Court will require children's arrangements (including handover arrangements) to be in writing.
- I believe that it may jeopardise my safety and / or the safety of my child/ren for my child/ren
  - to live with,
  - spend time with or
  - communicate with the respondent.

**Other:**

**SIGNATURE OF APPLICANT**

Signature of Applicant

Date

For further information contact your local Children's Court of Victoria or visit [www.childrenscourt.vic.gov.au](http://www.childrenscourt.vic.gov.au)