



In the Children's Court at:	Case No:
------------------------------------	-----------------

Affected person: _____

Address: _____

Do you wish to disclose your address? **Yes** **No**

Respondent: _____

Address: _____

I, _____
(your name)

wish to withdraw my application against _____
(name of respondent)

Reasons for Withdrawal: _____

I have notified the respondent of my intention to withdraw my application by:

phone on _____ fax on _____

SMS / Text on _____ letter on _____

email dated _____

OR:

I have NOT notified the respondent of my intention to withdraw my application because:
(please state reason/s)

Signed:	Date:
----------------	--------------

Office use only:	Correspondence attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------	---

For further information contact your local Children's Court of Victoria or visit
www.childrenscourt.vic.gov.au