

CHILDREN'S COURT OF VICTORIA

PROTECTION APPLICATION INFORMATION FORM

THIS FORM MUST BE COMPLETED AND LODGED WITH THE COURT AT THE TIME OF FILING A PROTECTION APPLICATION.
A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD.

DATE OF HEARING: _____ / _____ / _____

CHILD'S NAME: _____

D.O.B.: _____ / _____ / _____

ADDRESS: _____

- Aboriginal but not Torres Strait Islander
 - Torres Strait Islander but not Aboriginal
 - Both Aboriginal & Torres Strait Islander
 - Neither Aboriginal nor Torres Strait Islander
 - Decline to Answer
 - Under assessment
-

MOTHER'S NAME: _____

ADDRESS: _____

PHONE NO: _____

FATHER'S NAME: _____

ADDRESS: _____

PHONE NO: _____

STEPMOTHER / STEPFATHER'S NAME: _____

ADDRESS: _____

PHONE NO: _____

SIGNIFICANT OTHER'S NAME(S): _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

PHONE NO: _____

UNDISCLOSED PLACEMENT (IF APPLICABLE):

NAME OF PLACEMENT: _____

ADDRESS OF PLACEMENT: _____

AFTER HOURS APPLICATION (IF APPLICABLE):

AH APPLICANT: _____

REGIONAL OFFICE RESPONSIBLE: _____