

THIS FORM MUST BE COMPLETED & LODGED WITH THE COURT (& COPIED TO VICTORIA LEGAL AID) AT THE TIME OF FILING A PROTECTION APPLICATION. A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD.

Date of Hearing	Name of Child/YP	DOB	Address	
				<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not known
				<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not known

Relationship to Child/YP	Name	DOB	Served? Y/N	Ph. No.	Address & EMAIL (include if in custody or hospital)	
Parent						<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not known
Parent						<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not known
Parent						<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not known
Step-parent						<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not known

Relationship to Child/YP	Name	DOB	Served? Y/N	Ph. No.	Address & EMAIL (include if in custody or hospital)	
Step-parent						<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not known
Kin or person of significance to child/YP						<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not known

Undisclosed placement details (if applicable)	
Name of placement	Address of placement

After hours application (if applicable)	
Name of AH applicant	DFFH office responsible

Are there any related Family Violence Intervention Orders?		
(DFFH may enquire and obtain copies of IVOs through the Family Violence Information Sharing Scheme through informationsharing@courts.vic.gov.au)		
<input type="checkbox"/> Not Known	<input type="checkbox"/> No	<input type="checkbox"/> Yes – provide details below

Case number If known	Applicant Details Name & Agency e.g. VICPOL/DFFH/Private	AFM/s If multiple AFMs, please list each name in a separate box	Respondent