To be inserted by Court				
Case Number:				
Date Filed:				
FDN:				
Hearing Date and Time				
Hearing Date and Time:				
Hearing Location:				
ORIGINATING APPLICATION – CHILD PROTECTION RESTRAINING ORDER (INTERIM ORDER SOUGHT)				
MAGISTRATES COURT OF SPECIAL STATUTORY JUR		Full Nar	ne	
Respondent		Full Nar	ne	
Applicant				
	Full Name			
Name of law firm/solicitor				
Address for service	Law Firm		Responsible Solicitor	
7.144.1000 101 001 1100				
	Street Address (including unit or I	evel number and name of proper	ty if required)	
	City/town/suburb	State	Postcode	Country
	Email address		T	
Phone Details				
	Type (eg. Home: work: mobile) - N	lumber	Another number (ontional)	

Only complete if applicable otherwise mark	as N/A			
Applicant				
N 61 61 11 11	Full Name		1	
Name of law firm/solicitor				
•	Law Firm		Responsible Solicitor	
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Phone Details	Email address			
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	Type (eg. Home; work; mobile) - N	Number	Another number (optional)	
Only complete if applicable otherwise mark	as N/A			
Applicant				
	Full Name			
Name of law firm/solicitor	Full Name			
If any				
Address for service	Law Firm		Responsible Solicitor	
Address for service				
	Street Address (including unit or I	level number and name of proper	ty if required)	T
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details	Email addition			
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	Type (eg. Home; work; mobile) - N	vumber	Another number (optional)	
Deemandant	<u> </u>			_
Respondent				
	Full Name (including Also Known	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guard	dian Name (if applicable))
Address				
	Street Address (including unit or level number and name of property if required)			
	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Fosicode	Country
Phone Details	Email address			
2 3				
	Type (eg. Home; work; mobile) - N	Number	Another number (optional)	
Only complete if applicable otherwise mark	as N/A			
Respondent				
	Full Name (including Also Known	as canacity (eg Administrator I	iquidator, Trustee) and Litigation Guard	dian Name (if annlicable))
Address	Tan Hamo (molading Albo Halowi	as, supusity (og Auministrator, 2	iquidator, Tractor, and Englaton Gaute	nan rame (ii applicable))
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	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details				
	Type (eg. Home; work; mobile) – Number		Another number (optional)	

Only complete if applicable otherwise	mark as N/A				
Respondent					
	Full Name	e (includina Also	Known as, capacity (eq Adn	ninistrator. Liquidator. Trustee) and Li	itigation Guardian Name (if applicable))
Address				, q ,	. <u> </u>
	Street Ad	ldress (including	unit or level number and nar	me of property if required)	
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	City/town	ı/suhurh	State	Postcode	Country
	City/towi	rsuburb	State	Fosicode	Country
	For all and	d			
Phone Details	Email add	aress			
	Type (eg.	Home; work; mo	bile) – Number	Another number (option	onal)
Application Details Mark appropriate sections below with	h an 'x'				
Matter type:					
This Application is by th	o Commico	ionar of Pa	lias I a Child I a Ci	vardian of a Child a	for the protection of whom
an Interim Child Protect				Jai Ulai I OI a Cilliu Circle one	for the protection of whom
	ion Restrail	iiig Oldei	is sought.		
This Application is made	e under sec	tion 99AAC	of the <i>Criminal Pi</i>	rocedure Act 1921.	
The Applicant seeks the	e following o	orders:			
Enter orders sought in separately nu	mbered paragrap	hs.			
1. This Application is s	upported by	y the accon	npanying Affidavit	sworn by	name
on		date and	d is made on the g	rounds:	
1. tha	at the Resp	ondent is a	n adult who <i>is / ha</i>	as been select one residing	with the child specified in
	•			_	oondent is not a guardian;
u II-	3 Applicatio	ii wiio is ui	idel the age of 17	years or whom the resp	ondent is not a guardian,
2. tha	at the Respo	ondent and	the child specified	in this Application are /	have been select one residing
at	premises of	ther than pr	remises in which a	guardian of the child res	sides;
3. [] th	at the Resp	ondent / ar	nother person who	resides at, or frequents,	the premises at which the
				Application select one reside	
	[] has	s within the	preceding 10 year	rs, been convicted of the	prescribed offence[s] of:
	1.	provision for m	ultiple		enter name of the offence under
					Enter
		_		-	
		Enter Court wh	ere the conviction recorded	on	date
	2.	Only complete	if applicable otherwise mark	as N/A	
		• •	• •		ame of the offence under section
			mber of the		Enter
		Enter Court wh	ere the conviction recorded	on	date
	3.	Only complete	if applicable otherwise mark	as N/A	
				enter n	ame of the offence under section
		nu	mber of the		Enter
		Act/Regulation/	other as recorded b	γ	
				on	
		Enter Court Wh	ere the conviction recorded	OII	aate

			4. Only complete if applicable otherwise mark as N/A
			number Of the
			Act/Regulation/Other as recorded by
			Enter Court where the conviction recorded ON
	_		
	[_	ne been circle one subject to a Restraining Order under section 99AAC of the Criminal 921 as recorded by the Magistrates Court on
[]	as a [ne child's contact or residence with the Respondent, the child is at risk of - physical, psychological or emotional abuse or neglect;
	[] engaging in, or Substances Act	being exposed to, conduct that is an offence under Part 5 of the <i>Controlled</i> 1984;
2.	the	making of the order	is appropriate in the circumstances.
The A	pplica	ant seeks an interim o	order restraining the Respondent from
Only con	nplete if a	applicable otherwise mark as N/ <i>I</i>	A
1.			
		•••••	

Only complete if applicable otherwise mark as N/A The Application is urgent because Enter grounds in separately numbered paragraphs where more than one				
1.				
Child fo	or whose benefit order is sought			
Name:				
Date of	birth:			
Gender				
Service				
The par	ty filing this document is not required to serve it until the Court has heard the application for an interim order.			
Accom	panying Documents priate sections below with an 'x'			

Accompanying this Application is a:

[] Supporting Affidavit mandatory