To be inserted by Court				
Case Number:				
Date Filed:				
FDN:				
	C VIOLENCE	E ORDER NA	- INTERVENTION TIONALLY REC	
Applicant				····Full name
Applicant				
Name of responsible	Full Name			
officer if applicable Responsible officer details If applicable	Full Name			
Name of law firm/solicitor	Rank/position		Number/identifier	
Address for service	Law Firm		Responsible Solicitor	
Address for sorvice	Street Address (including	g unit or level number and nan	ne of property if required)	
	City/town/suburb	State	Postcode	Country
D	Email address			
Phone Details				
	Type (eg. home; work; mo	obile) – Number	Another number (option	nai)
Application Details  Mark appropriate sections below with an 'a  Matter type:				full now -
('the Subject') to be national		omestic violence c	nuei maue agamsi	·····full name
This Application is made un	ider section 29ZD	of the Intervention	Orders (Prevention of Al	buse) Act 2009.
The Applicant seeks the foll	_			
Enter orders sought in separately numbers  [ ] 1. An order decla		on Order to be a na	tionally recognised DVO	).
	_			

Form 4Bh
This Application is made on the grounds
[ ] set out in the accompanying Affidavit sworn by sworn byname ondate
[ ] that Enter grounds in separately numbered paragraphs
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

..... ..... ..... .....

Details of Order subject of the	his Application		
State of issue:			
Order reference number:			
Court of issue:			
Date order issued:			
Date order expires:			
The ander subject of this Anni.	antinu in a final / interior	and an	
The order subject of this Applic	cation is a linar/ interim	circle one Oluel.	
The Subject			
Name:			
	full name		
Address:			
		and/or name of property if necessary	
	city/town/suburb		
	state	Country	postcode
Other address at which the			
Subject may be found	street include unit or level number and/or name of property if necessary		
optional:	ptional:		
	city/town/suburb		

	state	Country		postcode	
Telephone:	State	Country		posicode	
. 5.54					
Date of birth:	phone no				
Date of birtin.					
5	date of birth				
Drivers Licence number:					
	licence number				
Original Applicant for Dam	aatia Vialanaa Ordar a	ubicat to thic Amplica	ution.		
Original Applicant for Dom	estic violence Order s	ubject to this Applica	ition		
Applicant:					
	full name				
Responsible officer: if applicable					
•	full name				
Responsible officer details: if	Tun name				
applicable		•			
Address:	rank	r	number		
/ laar eee.					
	street: include unit or level numbe	r and/or name of property if necess	sary		
	city/town/suburb				
	state	Country		postcode	
Telephone:					
	phone no				
Protected person [4]:					
Protected person [1]: only cor	nplete if applicable otherwise mark as	s N/A			
Full name:					
	name				
Date of birth:					
	date of birth				
Polationship to the aubicat					
Relationship to the subject	[ ] Partner/spouse				
at the time the foreign order	[ ] Child				
was made:	[ ] Step-child				
	[ ] Parent				
	[ ] Step-parent				
	[ ] Sibling				
	[ ] Relative		details		
	[ ] Neighbour				
	[ ]		··other		
Protected person [2]: Only co	mplete if applicable otherwise mark a	s N/A			
	, approach continue mark a				
Full name:					
	name				
Date of birth:					

	date of birth
Relationship to the subject	[ ] Partner/spouse
at the time the foreign order	[ ] Child
was made:	[ ] Step-child
	[ ] Parent
	[ ] Step-parent
	[ ] Sibling
	[ ] Relative details
	[ ] Neighbour
	[ ]other
Protected person [3]: only con	plete if applicable otherwise mark as N/A
Full name:	
	name
Date of birth:	
	date of birth
Relationship to the subject	[ ] Partner/spouse
at the time the foreign order	[ ] Child
was made:	[ ] Step-child
wao maao.	[ ] Parent
	[ ] Step-parent
	[ ] Sibling
	[ ] Relative details
	[ ] Neighbour
	[ ]other
Service or notification of original	
Has the order been served upon	on or otherwise properly notified to the Subject?
[ ] Yes	
[ ] No	
Must complete if selected 'yes' above	ect / properly notified of order:date
Date order served on the Subj	set / property flottilled of orderdate
<b>Previous Declarations</b>	
Has the order been previously	declared as a Nationally Recognised Domestic Violence Order in another Australian
State or Territory?	
[ ] Yes	
[ ] No	
Must complete if selected 'yes' above Detail	s of previous declaration
State of issue:	
	state
Order reference number:	
	number

## Form 4Bh

(	Court of issue:		
		Court	
Г	Date order issued:		
	Sato oragi logaca.		
_		date	
	Date order expires:		
		date	
Α	ddressing a Domestic V	/iolence Concern	
D	oes the Domestic Violence	ce Order clearly state it addresses a domestic violence concern?	
[	] Yes		
[	] No		
	st complete if selected 'no' above		
R	easons the order should	d be declared as a Nationally Recognised Domestic Violence Order	
			_
<b>A</b> o Ma	ccompanying Documen	nts 'x'	
Αd	ccompanying this Applica	ution is a:	
Г	] Supporting Affidavit ma	andatory	
į	] Copy of Domestic Vio		
г	] Copy of Certificate of	Proper Notification of Domestic Violence Order	
L		Toper Notification of Bornestic Violence Order	
[		ument(s) please list below:	
[ 			
[			
[ 			