

PRIVATE AND CONFIDENTIAL

Family Violence Act 2016 or Personal Violence Act 2016

(Court staff to complete)

FVO / PPO / WPO /

The personal information collected in this form is provided to the Australian Federal Police for the purposes of serving any applications, orders and notices under the *Family Violence Act 2016* or *Personal Violence Act 2016*. **It will not be provided to the other party.**

Giving false or misleading information is a serious offence, punishable by a fine, imprisonment or both.

RESPONDENT'S DETAILS *(the person against whom you seek an order)*

Family name(s)

Other name(s)

Previous name(s)

Age *(include date of birth if known)*

Gender

Home address

Postcode

Phone numbers

Home

Work

Mobile

Email addresses

Other contact details

(eg. work or business address)

Postcode

Occupation

RESPONDENT'S DETAILS

Physical description
(photograph may
be attached)

Height

Weight

Build

Hair colour

Eye colour

Complexion

Distinguishing features or marks / dress / tattoos / facial hair etc

First language

*If NOT English, please answer
the next question as best you can**

Understands English?

Not at all*

Poorly*

Moderately well

Well

— Speaking

☐
☐
☐
☐

— Reading

☐
☐
☐
☐

** Unless someone else is available to explain the Court documents, police will need an interpreter*

If under 18, parent's or guardian's
name or names and contact details

If the Respondent
drives a motor
vehicle, provide
details

Make

Model

Colour

Type (eg. sedan)

Registration (include state)

Other information that may assist police to find, identify, or serve the respondent
(eg. places visited regularly, regular activities, health conditions or disabilities that might affect service).

If respondent owns weapons, how many, what type, and where are they kept?

Do you believe that the respondent will try to avoid police serving the order?

APPLICANT OR AFFECTED PERSON DETAILS

Family name(s)

Other name(s)

Date of birth

Gender

Home address

Postcode

Phone numbers

Home

Work

Mobile

I consent to being contacted by the AFP by SMS, phone or email when service of documents on the respondent has occurred.

Email addresses

Other contact details

(eg. work or business address)

Postcode

Occupation

If under 18, parent's or guardian's name or names and contact details

First language

If NOT English, please answer the next question as best you can

Understands English?**Not at all*****Poorly*****Moderately well****Well**

— Speaking

☐☐☐☐

— Reading

☐☐☐☐**POLICE REPORTS RELATED TO THIS ORDER NOT RECORDED ON APPLICATION**

Incident no.

Applicant's signature

Date