

# FORM DV16

Domestic and Family Violence Protection Act 2012 (s.175)

## Application to vary or cancel a registered interstate order

### 1. Applicant's Details

#### PART A – A person who is not a member of the Queensland Police Service

Given Name/s

Family Name

Gender

Address

Do you require an interpreter? No

Yes

Language/Dialect:

Do you identify as: Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

Do you have a disability, illness or impairment where support and/or special arrangements are required? No

Yes

#### What type of applicant are you?

The person who applied for the registration of the interstate order

A person for whose benefit the interstate order has been made

A person against whom the interstate order has been made

An authorised person for the aggrieved (please provide proof of authorisation)

#### PART B – A Police Officer

Full Name including Rank:

Registration #

Station

Police Occurrence #

Has the aggrieved been advised of this application? No

Yes

### Proceed to Question 2

### 2. Existing Order Details

A copy of the original order is to be supplied with this application

Date the original order was made

The court and location the original order was made

Who is the person for whose benefit the original order was made i.e. aggrieved

Who is the person against whom the interstate order has been made i.e. respondent

### Proceed to Question 3



#### 4. Statutory Declaration

The applicant, except if a member of the Queensland Police Service, must sign this application in the presence of a Justice of the Peace, Commissioner for Declarations, or a Solicitor

I,  the applicant in this application, do solemnly and sincerely declare:

The information set out in this application, and any other attached statement, is true and correct to the best of my knowledge and belief. I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Declared by  on  /  /  at  in the presence of

*(Signature of Applicant)*

.....

*(Full name of Applicant)*

.....

*(Signature of person taking statement)*

.....

*(Full name and Qualification of Witness)*

.....

.....

#### Queensland Police Service Applicant

**The applicant, if a member of the Queensland Police Service, must sign this application and provide the details below:**

Full Name and Rank:	<input type="text"/>
Registration No:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

#### Office Use Only

**Court file number (if known) :**

YOU ARE NOTIFIED that this application will be heard at the time and place as follows:

Court:	<input type="text"/>
Place:	<input type="text"/>
Date:	<input type="text"/>
Time:	<input type="text"/>

Signature  
Clerk of the Court/Queensland Police Service