**FORM DV14A**

*Domestic and Family Violence Protection Act 2012* (s.176L)

**Application to register New Zealand order in Queensland**

## A certified copy of the New Zealand order and if possible, proof of service is to be supplied with this application.

## The respondent need not be notified of the registration of the order.

1. **Aggrieved’s details**

**If the respondent is being notified and the aggrieved does not want the respondent to know their home address please either:**

* **Give an address where court documents can be sent e.g. post office box or**
* **Complete an “Aggrieved Details Form” which will not be provided to the respondent**

Given Name/s Family Name Date of birth

Address

Gender Home Number

Work Phone Email Mobile Number

Does the aggrieved require an interpreter? No Yes Language/Dialect:

Does the aggrieved identify as: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Neither

Does the aggrieved have a disability, illness or impairment where support and/or special arrangements are required? No Yes

Is the aggrieved under 18 years of age? No Yes

Please supply the details of a parent as all documents must be given to a parent of the aggrieved unless the court orders otherwise.

Parent’s Name

Parent’s Address

## Proceed to Question 2

1. **Respondent’s Details**

Given Name/s Family Name Date of birth

Address

Gender Home Number

Work Phone Email Mobile Number

Does the respondent require an interpreter? No Yes Language/Dialect:

Does the respondent identify as: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Neither

Does the respondent have a disability, illness or impairment where support and/or special arrangements are required? No Yes Current place of employment Vehicle Model: Vehicle Registration

Is the respondent under 18 years of age? No Yes

Please supply the details of a parent as all documents must be given to a parent of the respondent unless the court orders otherwise. Parent’s Name

Parent’s Address

## If you are the aggrieved, proceed to Question 4

**If you are not the aggrieved proceed to Question 3**

1. **Applicant’s Details**

This section only applies if a person other than the aggrieved is making the application.

Given Name/s Family Name Gender

Address

What is your relationship with the aggrieved?

Has an application for a domestic violence order already been made? No Yes Court File Number:

## Proceed to Question 4

1. **Relationships between the aggrieved and the respondent**

What is the relationship of the aggrieved to the respondent?

**Intimate Personal Relationship –** Please tick one

1. Spousal Relationship: Married Former Spouse De Facto Parent/Former Parent of their Child

Civil Partnership

1. Engaged Were Engaged
2. Couple State the nature of the relationship including the level of dependency on each other whether financial or otherwise; length of time of the relationship; frequency of contact and degree of intimacy, if any.

## Family Relationship

Relation to respondent (for example parent, sibling, aunt, cousin, stepchild, a person is regarded as a relative)

## Informal Care Relationship

Nature of relationship

## Proceed to Question 5

1. **New Zealand order details**

Type of Order Place the order was made

Court the order was made in Date the order was made Date the order expires

Was the respondent served with a copy of the order? No Yes

Has the order been changed or cancelled? No Yes

The court the order was changed or cancelled in Date the order was changed/cancelled

1. **Statutory Declaration**

***[If this statutory declaration is being declared in accordance with the Oaths Act 1867 requirements before a special witness (either remotely and/or using electronic signature/s) DO NOT USE the content below. INSTEAD use DV Form 01E Special Witness Statutory Declaration for DV forms] \*delete these instructions***

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, do solemnly and sincerely declare that the contents of this application are true and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

I understand that a person who provides a false matter in a declaration commits an offence.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Declared by |  | | at | | QUEENSLAND | on | | / /20 | | |
|  | [insert full name of declarant] | | |  | | | | | | |
| Signature of declarant | | | | *🗶* | | | | | | |
|  | | | | | | | | | | |
| In the presence of |  |  |  | | | on | | / /20 | |
|  | [insert full name of witness] | | | [insert type of witness][[1]](#endnote-1) | |  |  | |
|  |  | | |  | |  |  | |
|  |  | | |  | |  |  | |
|  |  | | | | | *\* delete if not applicable* | | |
|  | [insert name of law practice / witness’s place of employment]\*[[2]](#endnote-2) | | | | |  |  | |
|  |  | | | | |  |  | |
| Signature of witness | | | | *🗶* | | | | | | |

|  |
| --- |
| I am applying for a temporary protection order before the respondent has been served with a copy of the application and have not been able to have my statutory declaration witnessed as required under the *Oaths Act 1867* due to the urgency of the application. I am submitting an unverified application and am aware that my application will need to be verified before the application can be decided. |

|  |  |
| --- | --- |
| **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: |  |
| Registration No: |  |
| Signature: |  |
| Date: |  |

|  |
| --- |
| **Notes to the respondent** |
| If you do not appear in court a domestic violence order may be made in your absence.  The court may issue a warrant for you to be taken into custody by a police officer and brought before the court if the court believes that it is necessary for you to be heard. |

|  |  |
| --- | --- |
| **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:  Place:  Date:  Time:  Signature  Clerk of the Court/Queensland Police Service | |

***The footnotes are to assist in the completion of the form and can be deleted once complete.***

Explanatory guides relating to making a statutory declaration in Queensland are available

at [Statutory Declaration Forms - Datasets | Publications | Queensland Government](https://www.publications.qld.gov.au/dataset/statutory-declaration).

1. Insert the witness’s capacity that makes them eligible to witness the statutory declaration, including as a special witness under section 16C or part 6A of the *Oaths Act 1867*. For example, Australian legal practitioner, lawyer, justice of the peace, commissioner for declarations, notary public, a justice of the peace or commissioner for declarations approved by the Chief Executive under section 12(2) of the *Oaths Act 1867*, government legal officer, etc. [↑](#endnote-ref-1)
2. For example, the name of the law practice for the Australian legal practitioner, the name of the government department of the government legal officer, the name of the law practice for a justice of the peace who witnesses documents for a law practice, etc. [↑](#endnote-ref-2)