

## Domestic and Family Violence - Court Safety Form (Part A)

**If you are in immediate danger, you should phone Triple Zero (000) and ask for the police**

### Requesting extra safety measures at court

This form should be completed before your court date if you have safety concerns and you have applied for or are a person named on a domestic violence order.

You can complete this form if you feel you may be unsafe when arriving at court, being in court, or leaving court. You can complete this form at any stage of the court process if events arise that make you concerned about your safety attending court.

The information you provide will help court staff decide if additional safety measures are required to help ensure your safety. Court staff will let you know what these safety measure are before you attend court.

### Your details

**Are you named on an application for a domestic violence order as an aggrieved, a respondent, applicant or a named person?**       Yes       No

If 'No' is selected above, you may only complete this form if there are exceptional circumstances such as the person concerned for their safety has literacy issues, a disability or lack of proficiency in English.

#### Please indicate which applies to you:

- Aggrieved (*The person seeking protection*)
- Applicant (*The person applying for the domestic violence order*)
- Respondent (*The person the Aggrieved is seeking protection from*)
- A person named on the application
- Other (please describe the nature of your relationship with the person who has safety concerns e.g. support worker, interpreter, friend, family member) \_\_\_\_\_

#### Details of person concerned for their safety

Full Name	
Date of birth	

#### Details of a safe method to contact the person concerned for their safety

Phone number	
Email address	

### Details of parties in domestic and family violence matter

#### Aggrieved's details

Full Name	
Date of birth (if known)	

#### Respondent's details

Full Name	
Date of birth (if known)	

### Safety concerns

Who are you fearful of at court? Please tick

- Aggrieved     
  Respondent     
  Other

If other is selected, please provide their details of who you are fearful of at court.

If there is more than one, please provide their details on an extra sheet.

Full Name:		Relationship to you:	
Address (if known)			
Date of birth (if known)			

Have you received a specific threat about going to court?       Yes       No

If yes, please describe the threat?

Has the threat been reported to police?       Yes       No

What part of going to court are you concerned about? Please tick all boxes that apply

- Arriving at court safely     
  Waiting around at court     
  Leaving court safely

What are your safety concerns? Please provide as much detail as possible about why you are concerned or fearful.

### Privacy statement

The Department of Justice and Attorney-General is collecting your personal information to determine the measures required to ensure your safety at court. A copy of this form may be provided to the police, court security personnel and a local domestic violence service or support service worker to action safety measures.

In addition, information may be shared with certain government agencies and service providers for the purposes of assessing whether there is a serious threat or enabling these organisations to respond to a serious threat. Otherwise your personal information will not be disclosed unless authorised or required by law.

Domestic and Family Violence
Court Safety Form - Safety Response (Part B)

Please check the relevant boxes, outline the actions to be taken and provide a date for relevant actions.

Referral to a DFV prevention worker or local support service

Referral to a High Risk Team or local Integrated Response (in relevant locations)

Referral to a solicitor or legal service

Advised of safe room availability on the day of court

Having the person supported by a third person outside the courtroom

Urgent listing of matter for \_\_\_/\_\_\_/\_\_\_

Security staff notified

Officer in Charge, local police station notified

Other actions taken

Has the concerned person been notified? Yes No

Name of concerned person?

Date concerned person notified: \_\_\_/\_\_\_/\_\_\_

Copy of Court Safety Form and Response provided to:

- Police Security DFV Service High Risk Team/Integrated Response

Registrar (Signature)

Date: \_\_\_/\_\_\_/\_\_\_