

# FORM DV1

Domestic and Family Violence Protection Act 2012 (s.32)

## Application for a Protection Order

Please note: A copy of this application will be provided to the Aggrieved, Applicant, Respondent and Police

### 1. Aggrieved's details

If the aggrieved does not want the respondent to know their contact details please either:

- Give an address where court documents can be sent e.g. post office box or legal representative's address; or
- Complete a "DV01C – Confidential Contact Details Form" which will not be provided to the respondent

Given Name/s

Family Name

Date of birth

 

Address \*Leave fields marked with an \* blank and complete a Form DV01C if you do not want this information to be given to the other party

Gender

Home Number\*

Mobile Number\*

Work Phone\*

Email\*

SPI # (QPS Only)

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**

### 2. Respondent's Details

Given Name/s

Family Name

Date of birth

Address

Gender

Home Number

Mobile Number

Work Phone

Email

SPI # (QPS Only)

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**

### 3. Applicant's Details

This section only applies if a person other than the aggrieved is making the application. Please complete either Part A, B, C or D.

#### **PART A – A person being authorised by the Aggrieved**

Given Name/s

Family Name

Gender

Address *\*leave blank if you do not want this information to be given to the other party*

Is the authorisation of the aggrieved in writing? No  Yes

If the authorisation is not in writing, how is authorisation communicated from the aggrieved?

#### **PART B – A person acting under another Act for the Aggrieved**

Name

Gender

Address

Who is the application being made by?

A guardian  Adult Guardian  Enduring power of attorney

Other, please specify:

**PART C – A Police Officer**

Full Name including Rank:

Registration #

Station

Police Occurrence #

Has the aggrieved been advised of this application? No  Yes

Has the application resulted from the detention of the respondent? No  Yes

Is this an application for an urgent temporary protection order under section 130? No  Yes

If yes, has an application for a domestic violence order already been made? No  Yes

Court File Number:

**PART D – A party to a child protection proceeding**

Given Name/s

Family Name

Gender

Address

What type of party to a child protection proceeding are you?

A child for whom an order is sought in a child protection proceeding

A separate legal representative for a child for whom an order is sought in a child protection proceeding

An applicant or respondent in a child protection proceeding

**Proceed to Question 4**

**4. Temporary Protection Order**

Do you wish the court to make a temporary protection order? No  Yes

If you request a temporary protection order before the respondent has been given a copy of the application, you will have to show the court that there are reasons why it is necessary or desirable for you or a named person to be protected by a temporary protection order before the respondent is given a copy of the application.

Please state reasons below (*attach extra pages if necessary*):


**Proceed to Question 5**

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

What is the relationship of the aggrieved to the respondent?

- Intimate Personal Relationship** – Please tick one
- a) *Spousal Relationship*: Married  Former Spouse  De Facto  Civil Partnership   
Parent/Former Parent of a Child

b) Engaged  Were Engaged

c) 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)

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**Informal Care Relationship**

Nature of relationship

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**Proceed to Question 6**

**6. Grounds for a protection order**

State grounds as to why a protection order is necessary or desirable to protect the aggrieved. It must be shown that domestic violence has occurred. Include specific example of behaviour by the respondent.

*Attach extra pages if necessary*


Large empty rectangular area with horizontal dashed lines, likely for notes or additional information.

**Proceed to Question 7**

**7. Children of the aggrieved or children who usually live with the aggrieved** \_\_\_\_\_

Full Name of **Child 1**

Gender

Date of birth

 

Address

Do you wish this child to be named on the order? No  Yes

SPI # (QPS Only)

Full Name of **Child 2**

Gender

Date of birth

 

Address

Do you wish this child to be named on the order? No  Yes

SPI # (QPS Only)

Full Name of **Child 3**

Gender

Date of birth

 

Address

Do you wish this child to be named on the order? No  Yes

SPI # (QPS Only)

State grounds as to why the child/children are to be named on the order


**Proceed to Question 8**

**8. Relatives or associates you would like to be named on the order**

Full Name of <b>Relative</b>	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Address	SPI # (QPS only)
<input type="text"/>	<input type="text"/>

Full Name of <b>Relative</b>	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Address	SPI # (QPS only)
<input type="text"/>	<input type="text"/>

Full Name of <b>Associate</b>	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Address	SPI # (QPS only)
<input type="text"/>	<input type="text"/>

Full Name of <b>Associate</b>	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Address	SPI # (QPS only)
<input type="text"/>	<input type="text"/>

State grounds as to why it is necessary or desirable to protect the relative/associate.


**Proceed to Question 9**

**9. Weapons and explosives**

Does the respondent have access to any weapons or explosives? No  Yes

State the number, type of weapon/s or explosives and all possible locations of the weapon and explosives

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Did the respondent use, or threaten to use an explosive, a weapon or another thing used as a weapon, during any incident of domestic violence?

No  Yes  Provide details

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Has the respondent been issued with a weapons or firearms or explosives licence? No  Yes   
If the respondent has access to any weapons, ammunition or explosives at their place of residence, please provide details

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**Proceed to Question 10**

**10. Details of any other orders**

Has a court made any other order or are there other court proceedings that involve the aggrieved and the respondent? *Please attach copies*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Childrens Court orders                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Queensland Domestic Violence Order                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Police Protection Notice                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Voluntary Intervention Order                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Interstate Domestic Violence Order (including New Zealand) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Family Court Orders  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other relevant court order:                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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Is there a current Protection Order application that has not been decided by the court?  
No  Yes  Attach a copy of the application

**Proceed to Question 11**

**11. Conditions sought in the order**

- A court making a domestic violence order must impose a condition that the respondent -
- (a) must be of good behaviour towards the aggrieved and not commit domestic violence against the aggrieved; and
  - (b) must not organise, encourage, ask, tell, force or engage another person to do something that, if done by the respondent, would be domestic violence against the aggrieved.

- If the order includes a named person who is an adult -
- (a) must be of good behaviour towards the named person/s and not commit associated domestic violence against the named person/s; and
  - (b) must not organise, encourage, ask, tell, force or engage another person to do something that, if done by the respondent, would be associated domestic violence against the named person/s.

If the order includes a named person who is a child -

- (a) must be of good behaviour towards the named child/ren, and must not commit associated domestic violence against the child/ren and must not expose the named child/ren to domestic violence; and
- (b) must not organise, encourage, ask, tell, force or engage another person to do something that, if done by the respondent, would be associated domestic violence against the child, or would expose the child to domestic violence.

A court may also impose any other condition that the court considers necessary in the circumstances and desirable in the interests of the aggrieved, any named person or the respondent.

**Do you want the court to consider any other conditions for inclusion in the protection order?**

No  Go to Q12    Yes  Please indicate below

A) Do you want the respondent to leave specified premises? No     Yes

If yes, state address of premises and provide reasons:

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B) Do you want to prohibit the respondent from remaining at; entering or attempting to enter or approaching premises? No     Yes

If yes, the premises to which the respondent is not to come or approach are:

The aggrieved's place of residence                       The aggrieved's place of employment

The place the aggrieved is currently staying

Places where the aggrieved frequents, namely

Associates/relatives place of residence (if there is a named person at Question 8)

Give reasons

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C) Do you want to prohibit the respondent approaching the aggrieved? No     Yes

Does this include any associates or relatives (if there is a named person at Question 8)?

Give reasons

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D) Do you want to prohibit the respondent from contacting the aggrieved or asking someone else to contact the aggrieved? No     Yes

Does this include any associates or relatives (if there is a named person at Question 8)?

No                       Yes

Give reasons

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E) Do you want to prohibit the respondent's presence at or in a place associated with any child (e.g. school, day care etc) No  Yes

Give reasons


F) If the respondent does not know the aggrieved's whereabouts, do you want to prohibit the respondent from trying to locate them or asking someone else to locate them? No  Yes

Give reasons


G) Does the aggrieved wish to recover essential property? No  Yes

Describe the property and state address where this property can be located.


H) Do you want the court to consider prohibiting any other conduct or behaviour on the part of the respondent? No  Yes

Specify that conduct or behaviour complain of and give reasons


## 12. Statutory Declaration

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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, a Solicitor or special witness as defined by the *Oaths Act 1867* (if applicable).

I,  the applicant do solemnly and sincerely declare 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 makes a declaration that the person knows is false in a material particular commits an offence.**

I state that: (*\*delete whichever statements are not applicable*)

A. This declaration was made in the form of an electronic document\*<sup>1</sup>

B. This declaration was electronically signed\*<sup>2</sup>

C. This declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867*.<sup>\*3</sup>

Declared by

at

QUEENSLAND

on

/ /20

[insert full name of declarant]

Signed for and at the direction of  
the declarant by\* (*delete if not  
applicable*)

[insert full name of substitute signatory]\*

Signature of declarant / substitute signatory\*

[Australian legal practitioner/government legal  
officer/  
employee of the Public Trustee, as applicable]\*<sup>4</sup>  
(\**delete if not applicable*)

In the presence  
of

[insert full name of witness]

[insert type of witness]<sup>5</sup>

on

/ /20

[insert witness's place of employment /employment address  
/

home address / telephone number / email address / law  
practice, as applicable]<sup>6</sup>

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.

**For special witnesses or other prescribed persons to complete- Tick as applicable**

- I am a special witness or another prescribed person under the *Oaths Act 1867*. (see sections 12, 16C and 31S of the *Oaths Act 1867*)
- This document was made in the form of an electronic document.<sup>7</sup>
- I electronically signed this document.<sup>8</sup>
- This statutory declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867* – I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.<sup>9</sup>

**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"/>

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

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](#).

- <sup>1</sup> Include this statement if you electronically signed the document, or if you physically signed the document over audio visual link and then sent a scanned copy of that document to the witness.
- <sup>2</sup> Include this statement if you or your substitute signatory electronically signed the document using an accepted method under the *Oaths Act 1867*. Do not include this statement if you signed the document on paper.
- <sup>3</sup> Include this statement if the document was made over audio visual link.
- <sup>4</sup> Substitute signatory to include additional information if directed over audio visual link. A person may be directed by audio visual link to sign a document for a signatory only if the person is: an Australian legal practitioner; or a government legal officer under the Legal Profession Act 2007 (who is an Australian lawyer but not an Australian legal practitioner and witnesses documents in

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the course of the government work engaged in by the officer); or is an employee of the public trustee (s 31P, *Oaths Act 1867*).

<sup>5</sup> 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.

<sup>6</sup> Legal practitioners who witness this document as a special witness must include their law practice (s 13E, *Oaths Act 1867*). If you are not an Australian legal practitioner or an approved JP or Cdec, at least one of the following must be included on the document: the name of your place of employment, your employment or home address, your telephone number or your email address. If there are concerns about domestic, family or sexual violence, you should use your discretion and include the information (from the options listed) that minimises the risk of exposing the location of the signatory or other affected persons.

<sup>7</sup> Tick this box if you electronically signed the document or if you physically signed the document and sent a scanned copy of that document to the signatory.

<sup>8</sup> Tick this box if you electronically signed the document using an accepted method under the *Oaths Act 1867*. Do not tick this box if you signed the document on paper.

<sup>9</sup> Tick this box if the document was made over audio visual link.