

If you are concerned the Aggrieved/victim is in immediate danger, you should contact the Police

Queensland Courts

Domestic and Family Violence Protection Act 2012

Section 169A - REQUEST FOR INFORMATION FROM COURT FILES
Part A

Aggrieved/Victim details

Full Name	
Date of Birth (if known)	

Respondent/Offender details

Full Name	
Date of Birth (if known)	

I [insert name of person] on behalf of [insert name of organisation] request the following information/documents from court files:

My organisation is an agency identified under s.169C of the DFVPA, as a:

- Prescribed entity
- OR**
- Specialist DFV service provider (funded by a state or Commonwealth to provide DFV services)
- OR**
- Support service

The aggrieved or victim fears or is experiencing domestic and family violence.

I am authorised by my organisation to request this information to assist with the following purpose/s:

- Responding** to serious threat of harm to the aggrieved or victim from domestic and family violence
- Risk assessment has been conducted & the aggrieved or victim is assessed at risk of a serious threat

OR

- Assessing** the threat of harm to the aggrieved or victim from domestic and family violence

- Consent** to provide the information has been given by the aggrieved or victim and attached is a signed copy of their consent

OR

- No consent** has been provided. Please state reason why this information is requested without the consent of the person/s concerned:

The information is requested in accordance with the *Domestic and Family Violence Act 2012* (DFVPA). In requesting and receiving this information, I understand and agree that:

- the inappropriate disclosure of this information may have harmful consequences and that under no circumstance will this information be provided to the respondent or perpetrator of domestic and family violence or their legal representative;
- this information is to be used by my organisation only for the purposes allowed under part 5A DFVPA; that is assessing or responding to a serious threat to life, health or safety from DFV;
- information will not be further disclosed to another service provider; without the victim's consent, unless an appropriate exemption applies; and
- any information received will be managed and stored in accordance with the *Information Privacy Act 2009* and Information Privacy Principles or National Privacy Principles.

Signature of CEO or delegate of organisation making request Date

Name Title

Organisational email address

Part A cont.

Office Use Only – Queensland Courts

Provision of information under section 5A of the Domestic and Family Violence Act 2012

Court jurisdiction and location providing the information:

Please check the relevant boxes, outline the relevant reasons why information has been shared.

- The information provided complies with the Domestic and Family Violence Information Sharing Procedure
 - I have redacted what I believe is likely to affect the safety of the aggrieved / victim or another person
 - I have a reasonable belief based on the information provided by the requesting agency that:
 - the aggrieved / victim fears or is experiencing DFV; and
 - the information provided will help receiving entity to assess or respond to a serious threat
-

Information provided to: **[Name of person]** _____,

From: **[Name of organisation]** _____

Date information provided: ___/___/___

Approved by: **[Name of Registrar]** _____

Signature of Registrar:

Date ___/___/___

DJAG will make every reasonable effort to provide current and accurate information. DJAG makes no representations whatsoever, whether expressed or implied that the information provided is accurate, up to date or complete. Information about criminal proceedings is limited to proceedings within the last 12 months involving an adult offender.

Any liabilities and/or expenses directly or indirectly from the provision of this information will be met by you.

Office Use Only- Queensland Courts Part B

Please indicate what has been provided. *(To be retained on the court file)*

Information provided to: [Name of person] _____, from [Name of organisation] _____

Date information provided: ___/___/___

Approved by: [Name of Registrar] _____

Signature of Registrar:

Date ___/___/___

What document/information	To prescribed entity, specialist DFV – for response to a serious threat	To prescribed entity, specialist DFV – for assessment
DFV proceedings for identified victim, against respondent / offender – <ul style="list-style-type: none"> - Copy of current DVO - Copy of current Intervention Order - Information about applications, including applications to vary or withdraw - Copy/relevant extract of private DV applications, applications to vary or withdraw (not police applications) - Court Safety Form attached to DV file - Copy of previous DVOs 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Details of named person only disclosed if relevant to the request.		
Existence of other current DVOs for the same victim (as aggrieved or respondent)	<input type="checkbox"/>	N/A
Information about: - the existence of other/ previous DVOs relating to respondent / offender and a different victim Identity of aggrieved/named persons not provided	<input type="checkbox"/>	<input type="checkbox"/>
DV and criminal law listings/ court dates involving adult victim or respondent / offender	<input type="checkbox"/>	<input type="checkbox"/>
Information about who appeared in court for a court event	<input type="checkbox"/>	<input type="checkbox"/>
Information about criminal proceedings for adult victim or respondent / offender within the last 12 months: . relevant charges (e.g. DFV offence, personal violence, weapons, pet abuse, stalking, property, organised crime or criminal association, or drug and alcohol charges); penalties and sentencing outcome; bail decisions and remand status; court ordered bail conditions	<input type="checkbox"/>	<input type="checkbox"/>
Administrative information relating to identification (including aliases), location and affected children Address must be redacted unless requested or for QPS	<input type="checkbox"/>	<input type="checkbox"/>