

Police Protection Direction Respondent Application for Protection Order

Note before completing this form:

- Only complete this form if you are listed as the **respondent** on the Police Protection Direction and you wish to apply for a protection order against the other party.
- This form **must** be filed with a Form DV59A: 'Application for Court Review of Police Protection Direction'.
- A copy of this application will be provided to the police, and to each of the following people (other than the Applicant):
 - a) the person named as the Aggrieved in the Police Protection Direction;
 - b) the person named as the Respondent in the Police Protection Direction;
 - c) an authorised person for the person named as the Aggrieved in the Police Protection Direction;
 - d) a person acting under another Act for the person named as the Aggrieved in the Police Protection Direction; and
 - e) a named person in the Police Protection Direction.
- For more information about completing this form, please refer to DV59C 'Guide to Completing an Application for Court Review of a Police Protection Direction'.

OFFICE USE ONLY	
Court File No.	<input style="width: 80%;" type="text"/>
<p>NOTICE TO PARTIES</p> <p>YOU ARE NOTIFIED that this application will be heard at the time and place as follows:</p> <p>Court <input style="width: 80%;" type="text"/></p> <p>Place <input style="width: 80%;" type="text"/></p> <p>Date <input style="width: 80%;" type="text"/></p> <p>Time <input style="width: 80%;" type="text"/></p> <p>Signature Registrar/Clerk of the Court</p>	

1. Who needs protection? _____

NOTE: If you do not want the other party to know this person's contact details, please either:

- *Give an address where court documents can be sent (for example, a post office box or legal representative's address); or*
- *Complete a 'DV01C – CONFIDENTIAL CONTACT DETAILS FORM' which will not be provided to the other party.*

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

[Empty text box for address]

Gender [] Home Phone* [] Mobile Phone* []

Work Phone* [] Email Address* []

Does this person require an interpreter? No [] Yes [] Language/Dialect: []

Does this person identify as: Aboriginal [] Torres Strait Islander [] Aboriginal and Torres Strait Islander [] Neither []

Does this person have a disability, illness or impairment where support and/or special arrangements are required? No [] Yes []

If Yes, specify support and/or special arrangements required: []

Proceed to QUESTION 2

2. Who is protection needed from?

Given Name/s [] Family Name [] Date of Birth []

Address []

Gender [] Home Phone [] Mobile Phone []

Work Phone [] Email Address []

Does this person require an interpreter? No [] Yes [] Language/Dialect: []

Does this person identify as: Aboriginal [] Torres Strait Islander [] Aboriginal and Torres Strait Islander [] Neither []

Does this person have a disability, illness or impairment where support and/or special arrangements are required? No [] Yes []

If Yes, specify support and/or special arrangements required: []

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:

Two empty rectangular boxes for providing relationship details.

Family Relationship

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

One empty rectangular box for describing the family relationship.

Informal Care Relationship

State nature of relationship:

One empty rectangular box for describing the informal care relationship.

Proceed to QUESTION 5

5. Grounds for Protection Order

State grounds as to why a protection order is necessary or desirable to protect the person in need of protection. It must be shown that domestic violence has occurred. Include specific example of behaviour by the person who protection is needed from.

Attach extra pages if necessary

A large rectangular area with horizontal dashed lines for providing grounds for a protection order.

Proceed to QUESTION 6

6. Children of (or who usually live with) the person in need of protection

Provide details of any children of the person in need of protection, or any children who usually live with the person in need of protection.

Full name of **Child 1**

Empty rectangular box for the full name of Child 1.

Gender

Empty rectangular box for the gender of Child 1.

Date of Birth

Empty rectangular box with slashes for the date of birth of Child 1.

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

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

Full name of **Child 2**

Gender

Date of Birth

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

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

Full name of **Child 3**

Gender

Date of Birth

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

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

Full name of **Child 4**

Gender

Date of Birth

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

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

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

Large text area with horizontal dashed lines for providing state grounds.

Proceed to QUESTION 7

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

Full name of **Relative / Associate** *circle one*

Gender

Date of Birth

Did the person who protection is needed from use, or threaten to use an explosive, a weapon or another thing used as a weapon, during any incident of domestic violence?

No Yes If Yes, provide details:

Proceed to QUESTION 9

9. Details of any other orders

Has a court made any other order or are there other court proceedings that involve the person in need of protection and the person who protection is needed from?

Please attach copies if yes to any

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

Is there currently a separate Application for a Protection Order application that has not been decided by the court? No Yes

If Yes, attach copy of application

Proceed to QUESTION 10

10. Conditions sought in the order

IMPORTANT: In this section, **'aggrieved'** means the person in need of protection, and **'respondent'** means the person who protection is needed from as described in QUESTIONS 1 & 2 above.

This may be different to how parties are described in the Police Protection Direction.

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 If No, go to **Part D** Yes If Yes, please indicate below

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

If yes, state the address of premises and provide reasons:

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 (tick all that apply):

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 7)

If any of the above are ticked, give reasons:

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

If Yes, does this include any associates/relatives (if there is a named person at Question 7) No Yes

If Yes, give reasons:

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

If Yes, does this include any associates/relatives (if there is a named person at Question 7) No Yes

If Yes, give reasons:

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

If Yes, give reasons:

Empty text box with horizontal dashed lines for providing 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

If Yes, give reasons:

Empty text box with horizontal dashed lines for providing reasons.

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

If Yes, describe the property and state the address where this property can be located:

Empty text box with horizontal dashed lines for describing property and address.

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

If Yes, specify that conduct or behaviour complained of and give reasons:

Empty text box with horizontal dashed lines for specifying conduct and giving reasons.

Proceed to PART 11

11. Statutory Declaration

The applicant must sign this application in the presence of a Justice of the Peace, Commissioner for Declarations, or a Solicitor 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 or strikethrough whichever statements are not applicable*)

- A. This declaration was made in the form of an electronic document*¹
- B. This declaration was electronically signed*²
- C. This declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867*.^{*3}

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]**⁴
(**delete if not applicable*)

In the presence
of

[insert full name of witness]

[insert type of witness]⁵

on / / 20

[insert witness's place of employment / employment address /
home address / telephone number / email address / law practice, as
applicable]⁶

Signature of witness

- I am applying for a temporary protection order before the person against whom protection is sought 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.⁷

- I electronically signed this document.⁸

- 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.⁹

Notice to the Parties

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.

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

at [Statutory Declaration Forms - Datasets | Publications | Queensland Government](#).

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

¹ 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.

² 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.

- ³ Include this statement if the document was made over audio visual link.
- ⁴ 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 the course of the government work engaged in by the officer); or is an employee of the public trustee (s 31P, *Oaths Act 1867*).
- ⁵ 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.
- ⁶ 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.
- ⁷ 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.
- ⁸ 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.
- ⁹ Tick this box if the document was made over audio visual link.