## Form DV41 MAGISTRATES COURT OF QUEENSLAND

## Domestic and Family Violence Protection Act 2012 s.157A

## RESPONDENT'S APPLICATION TO REOPEN PROCEEDING AFTER SERVICE UNDER A SUBSTITUTED SERVICE ORDER

| Application Conditions:  |   |
|--|---|
| You must be the respondent to an application to the original proceeding.   | he <b>9</b> Which Court was the Order was made in?  |
| The application to reopen the proceeding must be made within 28 days after the day on which you became aware that the protection order the subject of the application has been made or varied. |   |
| You cannot make an application to reopen the proceeding if you were present court when the order was made.   | in <b>10</b> What was the date the Order was made?  |
| <b>Important Note:</b> The protection order continues until the Court has considered this application.   | <b>11</b> When did you become aware of the Order?   |
| Applicant Details  | <b>12</b> Why do you say the Application to make or vary a protection   |
| <b>1</b> What is your last name or family name?  | order was not, and could not reasonably have been brought to<br>your attention, despite being served in a way stated in the<br>Substituted Service Order? ( <i>Please attach any additional</i> |
| 2 What is your first or given name(s)?   | information)  |
| 3 What is your current address?*   |   |
|  |   |
|  |   |
| Postcode:  | I hereby make an application to reopen proceedings pursuant to section 157A of the <i>Domestic and Family Violence Protection Act</i> 2012.   |
| 4 What is your contact phone number?*  | Signature of Applicant Date   |
| 5 What is your email address?*   |   |
|  | This application will be heard at the time and place as follows:  |
| Application Details  | Court:  |
| 6 Aggrieved (as per the Order)   |   |
|  | Place:  |
| 7 Respondent   |   |
|  | Date: Time:   |
| 8 What is the File Number ( <i>if known</i> )  | Date: Time:   |
| APPLICATION TO REOPEN PROCEEDING   | Name:   |
| Filed on Behalf of (insert name)   | Address for service:  |
|  | Phone No:*  |
|  | Email address:*   |
| Leave blank if <u>you do not want this information to be given to the other party.</u> Printed: < <u>date&gt;</u> < <u>time&gt;</u> Ac   | curate at the time of printing Page 1 of 1  |

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