File Number:

LFR:

Registry:

QPRIME Occ. #: **QP**

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| Form DV21B  MAGISTRATES COURT OF QUEENSLAND  *Domestic and Family Violence Protection Rules 2014*  Rule 14B & 14C  **CORRECTIVE SERVICES STATEMENT OF SERVICE** |

|  |  |
| --- | --- |
| Aggrieved | **Given name(s)** **FAMILY NAME – AGGRIEVED** |
|  | (Aggrieved’s full name) |
| Respondent | **Given name(s)** **FAMILY NAME - RESPONDENT** |
|  | (Respondent’s full name) |
| Applicant | **Given name(s)** **FAMILY NAME - APPLICANT** |
|  | (Applicant’s full name) |

I, **Full name of deponent**, **Position Title,** do solemnly and sincerely affirm and declare that:

1. At **Time** on **Day** the **Date** day of **Month** **Year** at **Name of Correctional Centre** I served **Name of person served** with the following document(s) personally by giving them to the person OR by putting them down in the person's presence:

\*DV 01 Application for a Protection Order (issued --/--/----)

\*DV 02 Temporary Protection Order (issued --/--/----)

\*DV 03 Protection Order (issued --/--/----)

\*DV 04 Application to Vary a Protection Order (issued --/--/----)

\*DV 04A Application to Vary a Recognised Interstate Order (issued --/--/----)

\*DV 05 Temporary Protection Order - Varied (issued --/--/----)

\*DV 05B Protection Order - Varied (issued --/--/----)

\*DV 08 Intervention Order (issued --/--/----)

\*DV 20 Notice of Adjournment (issued --/--/----)

\*QP0899 Police Protection Notice (issued --/--/----)

\*QP0899A Statement – Police Protection Notice (issued --/--/----)

\*Domestic violence history and/or criminal history (issued --/--/----)

\*[Any other relevant document] (issued --/--/----)

\* Enter **date issued** in DD/MM/YYY format after applicable document(s) name(s). Add/Delete documents as necessary.

1. I identified the person served by state how the person was identified.
2. The document(s) was/were explained to the person by state how the content was explained.
3. The contents of this statement are stated on the basis of information and belief. The contents as stated herein are true to the best of my knowledge.
4. I understand that if I make a statement that I know is false in a material particular I commit an offence.

For Example *Criminal Code* s. 194 False declarations – maximum penalty 3 years imprisonment

1. Document(s) attached to this statement are copies of the document(s) served and are marked “A”, “B”, “C”, “D” etc.
2. This statement is made and signed by the corrective services officer who served the relevant document(s) personally.

**AFFIRMATION**

This MUST be signed in the presence of the witnessing officer

I, the deponent in this matter, do solemnly and sincerely promise and affirm that the contents of this statement are true and correct to the best of my knowledge except where they are based on information and belief, in which case I have stated the source of that information and grounds for the belief and, if contained in a document, I have attached that document to this Statement.

I make this affirmation in the understanding that it is a criminal offence for a person to make a declaration that the person knows is false in a material particular.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AFFIRMED** by | |  |  | |
|  |  |  |  |  |
|  | Insert deponent's full name |  |  |  |
|  | *Name* |  |  | *Signature* |
|  |  |  |  |  |
| at | Insert place deponent is located |  | on |  |
|  | *Location* |  |  | *Date* |
|  |  |  |  |  |
| **BEFORE ME** | |  |  |  |
|  |  |  |  |  |
|  | Insert witness full name |  |  |  |
|  | *Name* |  |  | *Signature* |
|  |  |  |  |  |
|  | Insert witness position title |  |  |  |
|  | *Position Title1* |  |  | *Date* |
|  |  |  |  |  |

*1* Witnessing officer should be (pick only one):

* In the first instance - Chief Superintendent or Superintendent of a corrective services facility.
* If the above mentioned is not practicably available – a corrective services officer who holds a more senior position than the deponent.