

**CHILDREN'S COURT OF WESTERN AUSTRALIA**

**VIOLENCE RESTRAINING ORDER APPLICATION**

**Information to assist the Court when the applicant and respondent attend  
the same school  
(Public Schools only)**

You are being asked the following questions so that the Court will have immediate information about your application for a Violence Restraining Order. It is up to you whether you wish to answer the questions.

This information will be made available to a Magistrate at the Children's Court.

The information in this form will also be provided to the Department of Education and to your child's/the Applicant's school **if the other party attends the same school**. This is to enable the Court to get information from the school about what is being done to manage the issues which you raise in your application for a Violence Restraining Order.

*Note: The information you give on this form, and any information given to the Court by your child's school, will be disclosed to the Respondent, and any other party to the application.*

**The Applicant** is the child (or their responsible adult) who wants the child to be protected by the Violence Restraining Order.

**The Respondent** is the child whom you want to be bound by the Violence Restraining Order.

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**Authority to Release this Information**

I, \_\_\_\_\_ (insert name), agree to the information in this form about the protected child, \_\_\_\_\_ (insert name of child to be protected), being shared with the Department of Education and the school in which the child attends.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

What is the name of the child you want to be protected by the Restraining Order?	
What is the name of the child you want to be restrained by the Restraining Order?	
What school do the children attend?	
What year is the protected child in?	
What year is the restrained child in?	
Is the school aware of any issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the school have an arrangement in place to deal with the issue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child been physically assaulted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your child hurt? If yes, how?	Yes <input type="checkbox"/>  No <input type="checkbox"/>
Has your child been threatened? (for instance, has any language been used that indicates an intention to harm or injure a party, or damage or destroy property?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
How were any threats made?	In person <input type="checkbox"/> Social Media <input type="checkbox"/> Over the phone <input type="checkbox"/> N/A <input type="checkbox"/>
Have you made a complaint to the police? If yes, which police station?	Yes <input type="checkbox"/>  No <input type="checkbox"/>