FORM EI1

CHILDREN'S COURT OF WESTERN AUSTRALIA

APPLICATION **Entry and Inspection** ***Children & Community Services Act 2004***	**Application No:** **Filed at Court:** Perth **Filed on:**

[COURT USE ONLY] **COURT DETAILS**	**Next Court date: / /20 Time: ☐ am/ ☐ pm**
	Next Court place: 160 Pier Street, Perth WA 6000
	If you cannot attend then please advise the Court as soon as possible. ***If you fail to attend, or notify the Court, orders may be made in your absence.***

APPLICATION TYPE *(tick one)*	☐ Warrant ☐ Other:
FILED BY *(tick one)*	☐ DCP ☐ Other:
REASONS **WHERE URGENT COURT DATE SOUGHT**	

DETAILS OF PLACE	Surname/Business Name:
	Given Names (if applicable):
	Address of Place:
	Date of Birth(if applicable): Gender: (if applicable) ☐ Male ☐ Female

APPLICANT	Full Name:
	Agency Name:
	Address:
	Phone: Fax : Email:

RESPONDENT(S)	***First Respondent***	Full Name:
		Address:
		Phone: Fax: Email:
	Second Respondent	Full Name:
		Address:
		Phone: Fax: Email:
	Third Respondent	Full Name:
		Address:
		Phone: Fax: Email:

GROUNDS FOR APPLICATION

ORDERS

What Order are you seeking:

SIGNED	……	……	……
	Applicant	**Deputy Registrar / JP**	**Date**