

CHILDREN'S COURT of WESTERN AUSTRALIA

**REQUEST FOR ADJOURNMENT BY
CONSENT (PROTECTION & CARE)**

Children and Community Services Act 2004 (WA) s 132

Court number	
Children's Court at	
Date lodged	

Applicant details	Full name:		
	Address:		
Applicant to complete	Telephone on which court can contact applicant:		
	Telephone of applicant's lawyer:		
Applicant to complete	<input type="checkbox"/> I request this matter be adjourned.		
	<input type="checkbox"/> I request the matter be adjourned to _____		
Applicant to complete	Signature:	Date	

Respondent details	Full name:		
	Address:		
Respondent to complete	Telephone on which court can contact respondent:		
	Telephone of respondent's lawyer:		
Respondent to complete	Name;		
	I consent to this matter being adjourned to the date nominated above.		
Respondent to complete	Signature:	Date	

For multiple respondents, please refer to second page.

Respondent details	<p>Full name:</p> <p>Address:</p> <p>Telephone on which court can contact respondent:</p> <p>Telephone of respondent's lawyer:</p>		
Respondent to complete	<p>Name;</p> <p>I consent to this matter being adjourned to the date nominated above.</p>		
	Signature:	Date	

Respondent details	<p>Full name:</p> <p>Address:</p> <p>Telephone on which court can contact respondent:</p> <p>Telephone of respondent's lawyer:</p>		
Respondent to complete	<p>Name;</p> <p>I consent to this matter being adjourned to the date nominated above.</p>		
	Signature:	Date	

Respondent details	<p>Full name:</p> <p>Address:</p> <p>Telephone on which court can contact respondent:</p> <p>Telephone of respondent's lawyer:</p>		
Respondent to complete	<p>Name;</p> <p>I consent to this matter being adjourned to the date nominated above.</p>		
	Signature:	Date	