

CHILDREN'S COURT of WESTERN AUSTRALIA

**REQUEST FOR ADJOURNMENT BY
CONSENT (RESTRAINING ORDER)**

Restraining Orders Act 2004 (WA) s 40

Court number	
Children's Court at	
Date lodged	

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

Respondent to complete	Name;	
	I consent to this matter being adjourned to the date nominated above.	
Signature:	Date	