

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:

**Respondent
details**

Full name:

Address:

Telephone on which court can contact respondent:

Telephone of respondent's lawyer

**Applicant to
complete**

I request this matter be adjourned.

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