



**Transcript Request Form for Restraining Order Respondent**  
**Children's Court of Western Australia**  
*Children's Court of Western Australia Act 1988 S.51A*

<b>Contact details</b>	
Requestor	
Address	[Street number and name] [Suburb] [State] [Postcode]
Organisation	
Phone	
Email	

<b>Restraining Order</b>	
Restraining order number	
Hearing date	
Applicant's name	
Protected person's name	
Protected person's Lawyer	
Restrained person's name	
Restrained person's Lawyer	

<b>Section of transcript required</b>	
Entire proceedings	<input type="checkbox"/>
Transcript format required	<input type="checkbox"/> Paper (pick up in person) <input type="checkbox"/> Email [Adobe PDF]
Other	<input type="checkbox"/> Copy of Application <input type="checkbox"/> Copy of Affidavit

**PLEASE NOTE:**

- Once you have been notified your transcript is ready, it is to be collected **WITHIN 14 DAYS** unless other arrangements are made
- If you are objected to a Restraining Order, please attach a copy of your completed objection form to this request form.

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

Once completed, print, sign and send by mail, fax or email to:

**Mail:** Perth Children's Court  
160 Pier Street  
PERTH WA 6000

**Fax:** 9221 1705

**Email:** [childrenscourt@justice.wa.gov.au](mailto:childrenscourt@justice.wa.gov.au)

