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|--------------------------------------|-----------------|
| <b>In the Magistrates' Court at:</b> | <b>Case No:</b> |
|--------------------------------------|-----------------|

|  |  |
|--|--|
| <b>Applicant:</b>                            |  |
| <b>Address:</b>                              |  |
| <b>Do you wish to disclose your address?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Protected person:</b>                     |  |
| <b>Address:</b>                              |  |
| <b>Respondent:</b>                           |  |
| <b>Address:</b>                              |  |

I

am the respondent to an application made at

Court location

on  **And wish to apply to the court for a rehearing of the:**

Date

application for a final personal safety intervention order;

application for variation/revocation/extension of a personal safety intervention order

application for an order declaring the applicant to be a vexatious litigant

**My reason for seeking a rehearing of the application is:**

I was not personally served with the application

The application was not brought to my attention by an order for substituted service

There are exceptional circumstances and a rehearing is fair and just

**These circumstances are:**  
*(Briefly state the reasons why you did not attend the hearing of the application)*

Have you previously applied for a rehearing of this application?

Yes

No

Note – If you were granted a rehearing, and that application was struck out by the court, you will require leave of the court to make another application.

Leave to apply has been granted:

Yes

No

The application for rehearing will be heard at:

The Magistrates' Court at:

on

*Date of Hearing*

at

*Time Application Listed*

Issued at:

*Court Location*

on

*Date*

Issued by:

\_\_\_\_\_ *Name*

\_\_\_\_\_ *Title*

\_\_\_\_\_ *Address*

Please Note: The filing of this application for rehearing does not operate as a stay of the final order or an order declaring a person to be a vexatious litigant.

## Affidavit

I \_\_\_\_\_

make oath / \*affirm and say that the contents of my application are true and correct to the best of my knowledge.

*(Under section 141 of The Evidence (Miscellaneous Provisions) Act 1958 a person who makes an affidavit knowing the contents of the affidavit to be false may be punished for the offence of perjury)*

Sworn/Affirmed at:

\_\_\_\_\_

on \_\_\_\_\_ (date)

Signature of person making the affidavit

Before me

\_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

*(A person authorised under section 123C(1) of the Evidence (Miscellaneous Provisions) Act 1958 to take an affidavit.)*

## Certification\*

I \_\_\_\_\_

certify that the information contained in this application is true and correct to the best of my knowledge.

I understand that making a certification knowing the document to be false in any particular constitutes an offence punishable by 120 penalty points

Certified at

\_\_\_\_\_

on \_\_\_\_\_ (date)

Signature of person making certification

Name \_\_\_\_\_

Title/Rank \_\_\_\_\_

Court/ \_\_\_\_\_

Police Station \_\_\_\_\_

*\*For use by police and registrars only*

For further information contact your local Magistrates' Court of Victoria or visit  
[www.magistratescourt.vic.gov.au](http://www.magistratescourt.vic.gov.au)