



INFORMATION FOR APPLICATION FOR A PERSONAL SAFETY INTERVENTION ORDER

The information in this form assists the court registrar to prepare your application for a personal safety intervention order.

If you need an intervention order, you are the **affected person**. You need to complete section A.

If you are applying on behalf of an affected person, you are the **applicant**. You need to complete sections A and B.

The **respondent** is the person you are seeking an intervention order against.

Answers to questions marked with ★ will not be included in the application for an intervention order that will be given to the respondent.

There are other ways to resolve disputes that may be more practical, such as **mediation**. Through mediation, you may be more likely to reach an effective resolution to your situation. Please speak with the court registrar for more information.

Once you have completed this form, you will need to meet with the court registrar to discuss your application for a personal safety intervention order. Please advise the court registrar if you need a personal safety intervention order urgently.

You may require an appointment to speak with the court registrar. Contact your local Magistrates' Court of Victoria by phone to make an appointment or to discuss the application process for your local court.

To find your local court visit www.magistratescourt.vic.gov.au.

SECTION A - DETAILS OF AFFECTED PERSON

(Person who needs an Intervention Order)

1 Family name	<input type="text"/>		
Given name	<input type="text"/>		
Title	Dr Mr Ms Mrs Miss Other	<input type="text"/>	
	<i>(Circle the appropriate title)</i>		
2 Current address	<input type="text"/>		
Do you wish to disclose this address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Postcode <input type="text"/>
3 Phone numbers	Home <input type="text"/>	Work <input type="text"/>	
	Mobile <input type="text"/>		
4 Date of birth	<input type="text"/>		
5 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
6 Are you of Aboriginal and/or Torres Strait Island origin? ★	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander		
7 Do you need an interpreter at court?	<input type="checkbox"/> No <input type="checkbox"/> Yes – specify language <input type="text"/>		
8 How do you know the respondent? (i.e. Neighbour, Work Colleague)	<input type="text"/>		
9 How long have you known the respondent for?	<input type="text"/>	Years or	<input type="text"/> Months

SECTION B - DETAILS OF APPLICANT

(Person applying on behalf of affected person)

10 Family Name**Given name****Title**Dr Mr Ms Mrs Miss Other *(Circle the appropriate title)***11 Current address**

Do you wish to disclose this address?

 Yes No

Postcode

12 Phone numbers

Home

Work

Mobile

13 Date of birth**14 Gender** Male Female**15 Relationship to the affected person****SECTION C - RESPONDENT'S DETAILS****16 Family name****Given name****Title**Dr Mr Ms Mrs Miss Other *(Circle the appropriate title)***17 Current address of respondent**

Home address

Postcode

Work address

Postcode

18 Phone numbers

Home

Work

Mobile

19 Date of birth (or approximate age)**20 Gender** Male Female**21 Is the respondent of Aboriginal and/or Torres Strait Island origin? *** Yes No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander**22 Do you think the respondent will need an interpreter at court?** No Yes Not sure

If yes, specify language

23 Does the respondent have access to firearms or weapons? If so, where are they located?

SECTION D - DETAILS OF CHILDREN

- 24 Do you have any children? Yes No
- 25 Do you wish to include your children in the intervention order? Yes No

Child 1

26.1 Family name	<input type="text"/>
Given name	<input type="text"/>
Current address	<input type="checkbox"/> Same address as applicant
	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Date of birth	<input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Child 2

26.2 Family name	<input type="text"/>
Given name	<input type="text"/>
Current address	<input type="checkbox"/> Same address as applicant
	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Date of birth	<input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Child 3

26.3 Family name	<input type="text"/>
Given name	<input type="text"/>
Current address	<input type="checkbox"/> Same address as applicant
	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Date of birth	<input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Child 4

26.4 Family name	<input type="text"/>
Given name	<input type="text"/>
Current address	<input type="checkbox"/> Same address as applicant
	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Date of birth	<input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION E - HISTORY OF STALKING OR PROHIBITED BEHAVIOUR

The purpose of this section is to gather information about the history of stalking conduct and/or prohibited behaviour involving the respondent. Please provide as much information as possible and attach additional pages if necessary.

Has the respondent assaulted, sexually assaulted, made serious threats towards you, or damaged/interfered with your property (this is prohibited behaviour)? Has the respondent behaved in a way that has caused you to fear for your safety by engaging in stalking conduct?

27 Please describe in detail the most recent incident, including when and where it occurred and how it has affected you.

28 Have there been any other incidents of stalking or prohibited behaviour by the respondent in the past? When and where did this occur? What happened?

29 If you wish your children to be included on your application, have they been subjected to the same or similar behaviour? Please explain.

30 Do you think the respondent will continue to behave in this manner or do so again? Why?	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
31a Did the police attend the most recent incident or has it been reported to police?	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 30 If yes, give name of person who reported it to police <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
32b Do you know the name of the police officer who attended the incident or who it was reported to, and which police station they work at? ★	Name/Rank of Officer <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block; vertical-align: middle;"></div> Police Station <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block; vertical-align: middle;"></div>
33c Has the respondent been charged with a criminal offence in relation to this incident? ★	<input type="checkbox"/> Yes – Please provide details below <input type="checkbox"/> No <input type="checkbox"/> Not sure <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
34 Have you previously applied for an intervention order against the respondent, or has the respondent applied for an intervention order against you?	<input type="checkbox"/> Yes – Please provide details below <input type="checkbox"/> No <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

SECTION F - MEDIATION

Mediation is a service that can be utilised to resolve non-violent interpersonal disputes. The Dispute Settlement Centre of Victoria (DSCV) provides a free mediation service that unlike formal court proceedings gives you more control of the outcome and allows you to develop practical and workable solutions.

The court can direct you to attend mediation if it is appropriate in your circumstances.

For further information about Mediation visit www.disputes.vic.gov.au or contact 1300 372 888.

35.1 Have you attempted to mediate with the respondent about your dispute? ★	<input type="checkbox"/> Yes <input type="checkbox"/> No – Please advise why? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
35.2 Would you be interested in speaking to someone about Mediation? ★	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

SECTION G – INTERVENTION ORDER

36 Do you need immediate protection? Is an order necessary to ensure your safety or preserve your property until the court makes a final decision about your application?

- Yes – Please advise why?
 No
 Unsure

37.1 I want the intervention order to say that the respondent must not –

NOTE – You may choose as many conditions as necessary to protect your safety. The magistrate will then decide which of these conditions will appear on the intervention order.

- Stalk the protected person(s)
- Commit prohibited behaviour towards the protected person(s)
- Attempt to locate, follow the protected person(s) or keeping him/her/them under surveillance
- Publish on the internet, by email or other electronic communication any material about the protected person(s)
- Contact or communicate with a protected person by any means
- Approach or remain within _____ metres of a protected person
- Go to or remain within _____ metres of _____
or any other place where a protected person lives, works or attends school/childcare
- Get another person to do anything the respondent must not do under this order

37.2 Please answer these questions about the intervention order.

- Does the respondent have any firearms or a firearms authority?
 Yes No Unsure
- Does the respondent have a weapons approval or exemption?
 Yes No Unsure
- If an intervention order is made, would you still like to be able to participate in mediation?
 Yes No Unsure

Please specify if you want any other conditions on the intervention order

38.1 How long do you want the intervention order to last?

- Less than 12 months
 12 months (NOTE - Orders made against children cannot be longer than 12 months)
 More than 12 months

38.2 Please explain why you want the intervention order to last this long

SECTION H - FURTHER INFORMATION

39 Who referred you to court? *

- Police
- Family or friend
- Lawyer
- Counsellor or health worker
- Other – please specify
- Not referred by any person

SIGNATURE OF APPLICANT

Did anyone help you fill out this form?

- No
- Yes – please specify who helped you

Name

Organisation

Signature of
Applicant

X

Date