

PT 3 DIV. 10 PERSONAL SAFETY INTERVENTION ORDER ACT 2010 SECTION 85 PERSONAL SAFETY INTERVENTION ORDER ACT 2010

This form should be used if you are a protected person or the applicant for the original intervention order or a new applicant with leave of the court and want to apply to revoke (remove) the intervention order. About this application This is an application to remove the intervention order in place. If Victoria Police applied for the original intervention order, we will notify them of your application. About the original personal safety intervention order In the Magistrates' Court at Which court made the intervention order? Date the personal safety intervention order was made: Date the personal safety intervention order expires: Your details In the intervention order, I am the Applicant for the original order Protected Person If you are the Respondent in the personal safety intervention order, please complete the Respondent Application for Leave to make an application form If you are not a person named in the intervention order, in what capacity do you make this application? (please select who you are) Parent/Guardian of a child named protected person Person with written consent of the protected person The registrar will discuss further with you if you need to complete the Application for Leave to make an application form Your name (Legal name) \_\_\_\_\_ (if applicable) Provide if different to the name you use above Pronoun(s) Your date of birth \_\_\_\_\_ Your email Your phone number Do you need an interpreter to discuss ☐ No ☐ Yes, language required: this application with the court? What is your address? The Court needs an address so we can send documents to you. Please select one of the below options and provide details of your chosen address: ☐ Your home address Your postal address (if different), or If you are concerned for your safety or staying in emergency or temporary accommodation you can provide the address of a person chosen by you. Suburb Postcode Postcode Address Do you wish to keep your current address private from the respondent? ☐ Yes ☐ No (The court will not disclose your address if it is not known)



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You can choose how you want to atten	d the court hearing	. How would	d you prefer	to attend?
☐ In person	Online	☐ Not sure	e – I wish to d	discuss the options
How can we contact you safely?		☐ Phone	☐ Email	Other:
Please select the best and safest way/s for the	court to contact you		<u> </u>	
Is it safe to leave you a voicemail mess	age? 🗌 Yes	□ No		
Is there anything else you would like us of a trusted person and their details. (you				
Two tod novoon				
Trusted person Name:				
Email:				
Phone:				
About your case				
We need some information about the parties involved so we can locate the original intervention order and provide the respondent/other person with the application. We will speak to you about this application before the application is served upon the applicant, protected person and/or respondent. You can contact us if you are concerned about your safety.				
Applicant's name				
To the original intervention order  Protected person's name				
Are there additional Protected Persons from the original order?	☐ Yes ☐	No		
If yes, are they children?	☐ Yes ☐	No		
Respondent's full name				
Decreased anticonnection				
Respondent's phone number				
If known				
Has the Respondent's home address changed since the order was made? ☐ Yes ☐ No ☐ I don't know				
If yes, please provide the current addre	ess			
Does the Respondent have access to fi	rearms or any wea	nons?	es □N	lo 🔲 I don't know



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About this application							
I want to:		Revoke the intervention order  This is an application to remove the intervention order in place.  If Victoria Police applied for the original intervention order, we will notify them of your application.					
		Tell us why you want to remove the order in place, including any relevant information about what has happened since the order was made and what may have changed for you or the protected person/s:					



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# DECLARATION OF TRUTH

s.13(4) of the Personal Safety Intervention Orders Act 2010

Declaration of truth by applicant
I,born on
/ make this declaration of truth and say that the contents of my application are true and correct to the best of my knowledge and belief.
I understand that it is an offence to knowingly make a false statement in a declaration of truth punishable by 600 penalty units or 5 years imprisonment or both under section.13(4) of the Personal Safety Intervention Orders Act 2010
Signed
/
(Name of applicant)

Magistrates' Court
of Victoria

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#### When the court considers the application

For the application to be granted, the court must take the following into consideration:

The court must consider the reasons for seeking the revocation, the safety of the protected person, the protected person's views about the variation, whether the protected person is legally represented, and if the protected person has a guardian, the guardian's views.

Any interim or final intervention orders will continue while the court considers this application.

You can contact the court if you have questions about this application or the hearing.

For more information on personal safety intervention order applications, visit <a href="mailto:mcv.vic.gov.au/intervention-orders">mcv.vic.gov.au/intervention-orders</a>

### **Getting legal advice**

You are encouraged to get legal advice before the hearing. You can arrange a private lawyer, or you may be eligible for free legal advice. To see if you are eligible for free legal advice, please refer to the Victoria Legal Aid website information about personal safety intervention orders.

Victoria Legal Aid www.legalaid.vic.gov.au 1300 792 387