

How to apply for a Family Violence Order (FVO)

Forms you must complete

To apply for a Family Violence Order (FVO), you need to complete the following forms and lodge them in person at the ACT Magistrates Court:

Application for a Family Violence Order (FVO)

A copy of this application will be provided to the respondent.

If you need protection immediately, you can also apply for an interim order (see section 3 of this application).

Notice of Address for Service

This form includes your contact details which will be used by the court to contact you.

These details will be kept confidential **and will NOT be given to the Respondent unless you give permission to do so.**

Private and Confidential Form

This form includes your private and confidential contact details, and the details of the respondent.

The information is given to the police so they can serve the respondent with a copy of your application and any orders made by the Court.

The information on the Private and Confidential Form will **not** be provided to the Respondent.

Statement of Appointment as a Litigation Guardian (if applicable)

This form ONLY needs to be completed if you are under 14 years old or have impaired decision-making ability. You may need to appoint someone to represent you as a litigation guardian.

Your chosen litigation guardian will need to complete this form.

For more information and to access forms:
courts.act.gov.au/magistrates/protection

Key terms

Applicant – The person who is applying to the Court for a family violence order. The applicant may also be an **affected person**.

Affected person – A person who has been, or is likely to be, affected by family violence.

Protected person – A person protected by a family violence order.

Respondent – The person against whom the family violence order is sought or made.

Family member – A current or former domestic partner, a current or former intimate partner, a relative, a child of a current or former domestic partner, or a parent of a child.

Litigation guardian – A person appointed to represent a person who is under 14 years old, or who has impaired decision-making ability.

Service – The way that documents are given to a party to proceedings. If a family violence order, or any other orders or documents in the proceedings, have been ‘personally served’, this means that they have been handed to a party in-person, usually by the police.

Interim family violence order – A short-term order that is in place until the application for a final order (a long-term order) is decided by the Court. An interim order is usually heard without the respondent present.

You can get free legal advice or assistance with court forms by calling Legal Aid ACT on (02) 6207 1874 or talking to Legal Aid ACT at their office located at the ACT Law Courts building.

If you have immediate concerns for your safety, please call 000 for police assistance.

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

Applying for a Family Violence Order (FVO) – Important Information

You **cannot** apply for a Family Violence Order against a person who is under 14 years old.

Are you applying for a protection order against someone who is not a family member? You **cannot** apply for or obtain a Family Violence Order, but you may be able to apply for a Personal Protection Order. To obtain more information about Personal Protection Orders:

courts.act.gov.au/magistrates/protection

- can include the withholding of financial support from an affected person or their child if they are dependent on that support
- **Threatening behaviour**
- **Coercive or other behaviour that:**
 - controls or dominates; and
 - causes the affected person to feel fear for the safety or wellbeing of themselves or another person.
- **Behaviour that causes a child to hear, witness or otherwise be exposed to any of the above behaviour.**

Under the Act, family violence by a family member towards you or an affected person can include:

- **Physical violence or abuse**
- **Sexual violence or abuse**
- **Emotional or psychological abuse:**

behaviour that torments, intimidates, harasses or is offensive to the family member. This may include the respondent's exploitation of power imbalances. For example:

 - Stopping a person from seeing or speaking with family and friends
 - Repeated derogatory or racist comments
 - Threats to disclose personal information
 - Threats to self-harm to intimidate
- **Economic abuse**
 - behaviour that is coercive, deceptive or unreasonably controls the affected person in a way that takes away their financial independence or control

- **Sexually coercive behaviour**
- **Damaging property**
- **Harming an animal**
- **Stalking**
- **Harmful use of or interference with technology**
 - Using an electronic device or social media to publish intimate images without consent
 - Denying access to a computer system
 - Using electronic messages to send abusive or threatening messages or images
 - Using software to track an affected person's whereabouts or computer usage
 - Using a false social media account to disseminate adverse information
- **Deprivation of liberty**

If you have immediate concerns for your safety, please call 000 for police assistance.

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

Form 1: Application for a Family Violence Order (FVO)

Family Violence Act 2016

In the Magistrates Court of the Australian Capital Territory

Court staff to complete:	FVO /
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Giving false or misleading information is a serious offence, punishable by a fine, imprisonment or both.

A copy of this form will be served on the respondent (the person who this application is made against).

1. Who is requesting the Family Violence Order? (APPLICANT)

The APPLICANT is the person making the application for a Family Violence Order.

(include full names and any other names the person(s) is known by)

Family name(s)

Given/other name(s)

Are you also an affected person?

Yes No

Are you a parent of the affected person(s)?

Yes No

Are you a litigation guardian? (If so, complete a Statement of Appointment as a Litigation Guardian form)

Yes No

Are you a police officer?

Yes No

If YES, does the affected person(s) agree to this application for a Family Violence Order being made for them?

Yes No Unknown

Who should the Family Violence Order protect? (AFFECTED PERSON/S)

The AFFECTED PERSON(S) are people who have experienced, or are likely to experience, family violence and for who the family violence order is being applied for to protect. This includes any children.

NOTE: All affected adult persons over 18 years old must complete a separate application (unless a litigation guardian has been appointed for an adult with impaired decision making).

Family name(s)	Given/other name(s)	Date of Birth	Preferred pronoun(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:

Do you or any of the affected person(s) have a disability? Yes No Prefer not to say

For further information, or to discuss how the court can assist you, please contact the Courts Assistance Officer on (02) 6205 0322 or email CourtsAssistance@courts.act.gov.au

Are you Aboriginal and/or Torres Strait Islander?

- No
- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Prefer not to say

Do you need an interpreter?

- Yes
- No
- Unsure

If yes, which language should the interpreter speak?

2. Who is the order being sought against? (RESPONDENT)

The RESPONDENT is the person who this application for a Family Violence Order is being made against.

Family name(s)

Given/other name(s)

Date of birth or approximate age

Where does the respondent live?
(If not known, please indicate what state/territory/city you believe they live in)

Relationship between affected person(s) and respondent

How long have you known the respondent?

If the respondent is a former domestic/intimate partner, when did the relationship end?

Do you know if the respondent has any disabilities? Yes No Unsure

Do you know if the respondent needs an interpreter? Yes No Unsure

If yes, which language should the interpreter speak?

Does the respondent own a firearm (including a gun) or have a firearms licence (including a gun licence)? Yes No Unsure

If yes, please specify

Does the respondent own or have access to weapons? Yes No Unsure

If yes, please specify

Does the respondent know where you (or affected person(s)) lives? Yes No Unsure

Does the respondent currently live with you (or affected person(s))? Yes No Unsure

Are you seeking to exclude the respondent from where they normally live? Yes No Unsure

If yes, does the respondent have somewhere else to live? Yes No Unsure

If yes, how long would it take the respondent to find somewhere else to live (if known)?

Do you or the affected person(s) have somewhere else to live?

Yes No Unsure

How long would it take you (or affected person) to find somewhere else to live (if known)?

If the respondent is a child, are you seeking an order excluding the child from where they normally receive care and protection? (e.g. their school, home etc.)

Yes No Unsure

Have any alternative arrangements already been made for the child's care? If so, please provide details below:

3. Application for Interim Orders

Are you making an application asking for an Interim Family Violence Order? i.e., a short-term order that will be in place while your application for

a final order (a long-term order) progresses.

Yes No

4. History of family violence

Has there been a history of family violence by the respondent?

Yes No

Have you ever made any reports to the police about the respondent's behaviour?

Yes No

Have the police ever charged the respondent with any criminal offences for that behaviour?

Yes No Unsure

If the respondent has been charged, list the charges (if known):

Is the respondent on bail?

Yes No Unsure

If the respondent has bail conditions relating to you (or the affected person(s)), what are the bail conditions (if known):

Have there been previous protection orders made between you and the respondent?

Yes No Unsure

If yes, provide details below – who, when, where:

Have there been previous protection orders made between the respondent and other persons?

Yes No Unsure

If yes, provide details below – who, when, where:

Has the respondent ever breached any protection order? Yes No Unsure

If yes, provide details below:

5. Respondent's behaviour

Has the respondent engaged in any form of family violence towards you (or the affected person)?

Yes No

(See the 'What is Family Violence' section on page 2 of this Form)

Has the respondent behaved in a way that is:

(Tick any/all that apply, and describe the behaviour and when it happened)

Behaviour	Describe the behaviour and when it happened
<input type="checkbox"/> Physical violence or abuse	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="checkbox"/> Sexual violence or abuse or sexually coercive behaviour	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>

Behaviour	Describe the behaviour and when it happened
<input type="checkbox"/> Emotional or psychological abuse <ul style="list-style-type: none"> <input type="checkbox"/> intimidation <input type="checkbox"/> harassment <input type="checkbox"/> offensive behaviour <input type="checkbox"/> verbal abuse 	
<input type="checkbox"/> Threatening behaviour	
<input type="checkbox"/> Coercive or controlling behaviour	
<input type="checkbox"/> Economic abuse	
<input type="checkbox"/> Property damage	
<input type="checkbox"/> Stalking	
<input type="checkbox"/> Exposed a child to any of the above	
<input type="checkbox"/> Other	

**What was the most recent incident of family violence by the respondent against the affected person/s?
(please describe below)**

What happened?

When and where did it occur?

What are your immediate safety concerns?

6. Related/other proceedings

Are you aware of any other current court or tribunal proceedings in progress involving the respondent?

	Next court date	Type of proceeding
<input type="checkbox"/> ACAT		
<input type="checkbox"/> Family Court		
<input type="checkbox"/> Care and Protection		
<input type="checkbox"/> Criminal		
<input type="checkbox"/> Mental Health		
<input type="checkbox"/> Protection Orders		

**Are there currently any Orders made under the *Family Law Act 1975* or parenting plans in place involving you (or the affected person(s)) and the respondent?
(If yes, please attach a copy)**

Yes No Unsure

7. Length of order you are seeking

How long do you want the Family Violence Order to be in place? NOTE: A Final Order can remain in force for up to 24 months.

If you are seeking a final order for longer than 24 months, you will need to show the Court that special or exceptional circumstances exist. Please outline those circumstances below:

Do you want the Court to send a copy of any order made by the court to any of the following:

School Yes No

School name

Housing ACT Yes No

Child, Youth and Family (CYF) Yes No

Federal Circuit and Family Court of Australia Yes No

Specify which registry

Other (please tick) Legal Aid ACT Women's Legal Centre
 Aboriginal Legal Service NSW/ACT Public Advocate
 Public Trustee and Guardian Other: *please specify*

8. What conditions are you asking the Court to make?

Tick the conditions you believe you need to make sure you are safe and protected.

To indicate who you want protected, tick for one or both affected person.

Who do you want protected? <i>Please tick one or both</i>		
CONDITIONS ABOUT WHAT THE RESPONDENT CANNOT DO	Adult affected person	Child/Other affected persons
Doing any behaviour that is family violence: What behaviours do you want the respondent to stop doing (see the 'What is Family Violence' section on the front of this Form): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
Being closer than a set distance away from the affected person(s) – for example, 20 metres. How far away do you want the respondent to stay from you? <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> metres <input type="checkbox"/> EXCEPT when attending the protected person's/persons' residence with the police; <input type="checkbox"/> EXCEPT at a Court or Tribunal proceeding; <input type="checkbox"/> EXCEPT at a counselling/mediation session or restorative justice conference arranged with the consent of the affected person(s);	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> EXCEPT when facilitating contact with the respondent's child/children when the distance shall be <input type="text"/> metres <input type="checkbox"/> EXCEPT in accordance with orders or a parenting plan made under the <i>Family Law Act 1975</i> ; <input type="checkbox"/> EXCEPT in relation to the respondent's children, when spending time with them in accordance with orders or a parenting plan made under <i>Family Law Act 1975</i> ; <input type="checkbox"/> EXCEPT in relation to the respondent's children, when spending time with them on the following conditions: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <input type="checkbox"/> EXCEPT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
Contacting an affected person(s) (via any means including face to face, SMS or social media) <input type="checkbox"/> EXCEPT through a legal practitioner; <input type="checkbox"/> EXCEPT at a Court or Tribunal proceeding or to take a step in one; <input type="checkbox"/> EXCEPT at a counselling/mediation session or restorative justice conference arranged with the consent of the affected person(s); <input type="checkbox"/> EXCEPT in accordance with orders or a parenting plan made under the <i>Family Law Act 1975</i> ; <input type="checkbox"/> EXCEPT in writing (including by SMS or email) to discuss the safety or welfare of the children or to facilitate contact with the children; <input type="checkbox"/> EXCEPT with the respondent's children on the following conditions: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <input type="checkbox"/> EXCEPT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
Locate or attempt to locate an affected person <input type="checkbox"/> EXCEPT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
Cause someone else to: (ie ask or have someone else do any of the below for the respondent) Contact an affected person Locate or attempt to locate an affected person Do anything that is family violence to an affected person Engaging in behaviour towards a child that poses an unacceptable risk of the child being exposed to personal violence	<input type="checkbox"/>	<input type="checkbox"/>

CONDITIONS ABOUT WHERE THE RESPONDENT CANNOT GO	Adult affected person	Child/ Other affected persons
<p>Being where the affected person(s) live(s) (Include the address only if the respondent knows it)</p> <p><input type="text"/></p> <p><input type="checkbox"/> EXCEPT on one occasion in police company to collect or return belongings;</p> <p><input type="checkbox"/> EXCEPT in accordance with an order or a parenting plan made under the <i>Family Law Act 1975</i>;</p> <p><input type="checkbox"/> EXCEPT</p> <p><input type="text"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Being where the affected person(s) work(s) (Include the name and address only if the respondent knows it)</p> <p><input type="text"/></p> <p><input type="checkbox"/> EXCEPT</p> <p><input type="text"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Being where an affected person(s) is/are likely to be (eg. relative's house) <i>Namely, a place that you often go or are often at</i> (Include details or an address only if the respondent knows it)</p> <p><input type="text"/></p> <p><input type="checkbox"/> EXCEPT</p> <p><input type="text"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Being in a particular place (eg. a school or childcare, shopping centre) (Include details or an address only if the respondent knows it)</p> <p><input type="text"/></p> <p><input type="checkbox"/> EXCEPT at parent-teacher interviews and other school events for the respondent's children;</p> <p><input type="checkbox"/> EXCEPT</p> <p><input type="text"/></p>	<input type="checkbox"/>	<input type="checkbox"/>

CONDITIONS MAKING THE RESPONDENT DO SOMETHING	Adult affected person	Child/ Other affected persons
<p>Return personal property that the affected person(s) or their child(ren) reasonably need(s).</p> <p>What property do you want the respondent to return? List specific items below: <i>For example: identification documents, personal items such as clothing, electronic equipment, household goods, medications etc</i></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. </div>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in counselling, training, mediation, rehabilitation or assessment that is reasonably likely to reduce the risks of future family violence by the respondent	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's signature

Date