

# How to apply for a Personal Protection Order (PPO)

## Forms you must complete

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

**Application for a Personal Protection Order (PPO)**

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 in this form is provided to the police so they can locate the respondent to serve them with 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 nominated litigation guardian will need to complete this form.

**For more information and to access forms:**  
[courts.act.gov.au/magistrates/protection](http://courts.act.gov.au/magistrates/protection)

## Key terms

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

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

**Protected person** – A person protected by a personal protection order.

**Respondent** – The person against whom the personal protection order is sought or made.

**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 personal 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 personal protection 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.

# Applying for a Personal Protection Order (PPO) – Important Information

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

## Are you applying for a protection order against someone who is a family member?

You **cannot** apply for or obtain a Personal Protection Order, but you may be able to apply for a Family Violence Order. To obtain more information about Family Violence Orders:

[courts.act.gov.au/magistrates/protection](http://courts.act.gov.au/magistrates/protection)

## What is Personal Violence?

The *Personal Violence Act 2016* says that personal violence is behaviour by any person (who is not a family member) towards you or an affected person that is:

- **Physical violence or abuse**
- **Sexual violence or abuse**
- **Threatening behaviour**
- **Stalking**
- **Harassing, intimidating, or offensive behaviour**
- **Damaging property**

**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](http://www.legislation.act.gov.au)

# Form 2: Application for a Personal Protection Order (PPO)

*Personal Violence Act 2016*

In the Magistrates Court of the Australian Capital Territory

Court staff to complete:	PPO ..... / .....
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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 Personal Protection Order? (APPLICANT)

**The APPLICANT is the person making the application for a Personal Protection 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 Personal Protection Order being made for them?**

Yes  No  Unknown

## Who should the Personal Protection 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](mailto: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 Personal Protection Order is being made against.

Family name(s)	
Given/other name(s)	
Date of birth or approximate age	
Where does the respondent live? <small>(If not known, please indicate what state/territory/city you believe they live in)</small>	
Relationship between affected person(s) and respondent	
How long have you known the respondent?	

**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?

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**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

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

If yes, please specify

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**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 an order that will 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)?

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**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)?

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**If the respondent is a child, are you seeking an order excluding them from where they normally receive support or services? (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 Personal Protection 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 personal violence**

**Has there been a history of personal 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 personal violence towards you (or the affected person)?**

Yes    No

(See the 'What is Personal 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: 40px; width: 100%;"></div>
<input type="checkbox"/> Sexual violence or abuse	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Threatening behaviour	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Behaviour	Describe the behaviour and when it happened
<input type="checkbox"/> Harassing, intimidating or offensive behaviour	
<input type="checkbox"/> Stalking	
<input type="checkbox"/> Property damage	

**What was the most recent incident of personal 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		

## 7. Length of order you are seeking

**How long do you want the Personal Protection Order to be in place?** NOTE: A Final Order can be made for up to 12 months.

**If you are seeking a final order for longer than 12 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.**

		<b>Who do you want protected?</b>	
		<i>Please tick one or both</i>	
<b>CONDITIONS ABOUT WHAT THE RESPONDENT CANNOT DO</b>		<b>Adult affected person</b>	<b>Child/Other affected persons</b>
<b>Doing any behaviour that is personal violence:</b> What behaviours do you want the respondent to stop doing (see the 'What is Personal Violence' section on the front of this Form): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Being closer than a set distance away from the affected person(s) - for example, 20 metres.</b> How far away do you want the respondent to stay from you? <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></div> metres		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EXCEPT when attending the protected person's/persons' residence with the Australian Federal 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"/> EXCEPT <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>			
<b>Contacting an affected person(s) (via any means including face to face, SMS or social media)</b> <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 <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Locate or attempt to locate an affected person</b> <input type="checkbox"/> EXCEPT <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Cause someone else to:</b> (ie ask or have someone else do any of the below for the respondent) <b>Contact an affected person</b> <b>Locate or attempt to locate an affected person</b> <b>Do anything that is personal violence to an affected person</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Engaging in behaviour towards a child that poses an unacceptable risk of the child being exposed to personal violence</b>		<input type="checkbox"/>	<input type="checkbox"/>

CONDITIONS ABOUT WHERE THE RESPONDENT CANNOT GO	Adult affected person	Child/ Other affected persons
<p><b>Being where the affected person(s) live(s)</b> (Include the address only if the respondent knows it)</p> <div style="border: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <p><input type="checkbox"/> EXCEPT <b>on one occasion</b> in police company to collect or return belongings;</p> <p><input type="checkbox"/> EXCEPT</p> <div style="border: 1px solid black; height: 30px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Being where the affected person(s) work(s)</b> (Include the name and address only if the respondent knows it)</p> <div style="border: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <p><input type="checkbox"/> EXCEPT</p> <div style="border: 1px solid black; height: 30px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Being where an affected person(s) is/are likely to be (eg. relative's house)</b> <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> <div style="border: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <p><input type="checkbox"/> EXCEPT</p> <div style="border: 1px solid black; height: 30px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Being in a particular place (eg. a school or childcare, shopping centre)</b> (Include details or an address only if the respondent knows it)</p> <div style="border: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <p><input type="checkbox"/> EXCEPT</p> <div style="border: 1px solid black; height: 30px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's signature

Date