

Information Sheet



In the Family Court at *(Court location)*

FAM



Advice If you need help to complete this form, consult a lawyer, check the Ministry of Justice website, call the Ministry of Justice call centre, or contact an office of the Family Court.

Ministry of Justice website: <http://www.justice.govt.nz> **Ministry of Justice call centre:** 0800 268 787



Important:

Do you want your address to be kept confidential from the Respondent? Yes No

If yes, don't fill in any contact information anywhere on this form. And please complete the Confidentiality Form as well as this form.



Applicant

Full name

Date of birth

| | | | | | | | |
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 Age

Gender

Ethnicity

Country where you usually live

Do you need an interpreter?

 Yes No

Language

Home address

What is your job/occupation?

Work address

Email address

Phone number

What is the best way to contact you?

Address for services. This is where you want any written information sent to you.

COURT USE ONLY:

Date document is filed: (Court stamp)

Emergency contact:

(if applying for a Protection Order, give contact details of another person who can be contacted in an emergency)

Full name

Mobile phone number

Email address



Who else is involved? (the other party)

Other party may include:

- The Applicant
- The Respondent
- Associate Respondents
- Other people involved in an application or response to an application

Other party's details

(Please complete if known)

Full name

Relationship to applicant

Date of birth Age Gender

Ethnicity

Country where they usually live

Home address

Work address

Email address

Phone number

My relationship to the other party is

Spouse/partner Family/whānau member

We have a close personal relationship

We live in the same home

Ex spouse/partner

Other

Give details about your relationship, such as:

- Date and place of marriage or civil union
- Whether you're still together or separated
- If not a partner, their relationship to you
- How long you have known them for
- Whether you live in the same house



Children affected by the application

Child One

Full name of child

Age Date of Birth Male Female

What ethnic group or groups do they identify with?

Name of person child is living with at the time of application

Relationship of that person to the child

Relationship to child: Applicant Respondent

Relationship to other parties *(if relevant)*

Child Two

Full name of child

Age Date of Birth Male Female

What ethnic group or groups do they identify with?

Name of person child is living with at the time of application

Relationship of that person to the child

Relationship to child: Applicant Respondent

Relationship to other parties *(if relevant)*

Child Three

Full name of child

Age Date of Birth Male Female

What ethnic group or groups do they identify with?

Name of person child is living with at the time of application

Relationship of that person to the child

Relationship to child: Applicant Respondent

Relationship to other parties *(if relevant)*

Child Four

Full name of child

Age Date of Birth Male Female

What ethnic group or groups do they identify with?

Name of person child is living with at the time of application

Relationship of that person to the child

Relationship to child: Applicant Respondent

Relationship to other parties *(if relevant)*

Previous applications:

(give the file number of any previous applications between the parties and the location of the Court where they were filed)

File number Date

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Court location

Tell us what you know about this previous application

Existing Orders between the parties:

(give details of any existing Order between the parties, including the date the Order was made, the location of the Court that made the Order, and the court file number)

File number Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
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Court location

Tell us about these existing Orders

Existing Orders relating to any child:

(give details of any existing Order relating to any child affected by the application, including the date the Order was made, the location of the Court that made the Order, and the court file number)

File number Date

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Court location

Tell us about these existing Orders

This document is filed by:

Name

Address for service*

If filed by lawyers:

Name of acting lawyer

Contact number