Information Sheet



	In the Family Court at (Court location)	FAM
1	Advice If you need help to complete this form, consult call the Ministry of Justice call centre, or contact an offic Ministry of Justice website: http://www.justice.govt.n:	e of the Family Court.
0	Important: Do you want your address to be kept confidential from the If yes, don't fill in any contact information anywhere on the Confidentiality Form as well as this form.	
	Applicant	
	Full name	
	Date of birth D D M M Y Y Y Age	Gender
	Ethnicity	
	Country where you usually live	
	Do you need an interpreter? Yes No Lang	guage
	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 inf	formation 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)

(Please complete if known)
Full name
Relationship to applicant
Date of birth D D M M Y Y Y Y Age Gender
Ethnicity
Country where they usually live
Home address
Work address
Email address
Phone number
Phone number

Spouse/partner Family/whānau member We have a close personal relationship We live in the same home Ex spouse/partner Other The details about your relationship, such as: Oate and place of marriage or civil union Whether you're still together or separated of not a partner, their relationship to you How long you have known them for Whether you live in the same house	,		ther party is			
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Whether you live in the same house						



Children affected by the application

Cilila Olie
Full name of child
Age Date of Birth D D M M Y Y Y Y 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 D D M M Y Y Y Y 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 D D M M Y Y Y Y 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 D D M M Y Y Y Y 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)

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