

# Confidential Address - Applicant Information Sheet

In the Family Court at:

FAM:

In respect of the following application(s):

## Applicant 1

Full name:		DOB: (ddmmyyyy)	Age:	Gender:
*Service address:			Mob:	
Home address:			Phone:	
Work address:			Phone:	
Country of residence:			Ethnic group: <i>(optional)</i>	
Email address: <input type="checkbox"/> Please check this box if you consent to receive official Court correspondence by email.			<input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Māori <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other: (please state)	
Occupation/what you do:	Time spent doing:			
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Not applicable			
Employer/course:				
Will you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes –specify the language needed:				
Your relationship to the child(ren): <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: specify:				

## Applicant 2

Full name:		DOB: (ddmmyyyy)	Age:	Gender:
*Service address:			Mob:	
Home address:			Phone:	
Work address:			Phone:	
Country of residence:			Ethnic group: <i>(optional)</i>	
Email address: <input type="checkbox"/> Please check this box if you consent to receive official Court correspondence by email.			<input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Māori <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other: (please state)	
Occupation/what you do:	Time spent doing:			
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Not applicable			
Employer/course:				
Will you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes –specify the language needed:				
Your relationship to the child(ren): <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: specify:				