Family Violence Act 2018

Objection to direction to attend programme



Section 189(3) Family Violence Act 2018

In the Family Court at (Court location)

1	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
0	Note: The applicant's address may be omitted from the front page where the applicant has asked for this information to be kept confidential.
	Applicant
	Full name
	Home Address
	Occupation
	Respondent
	Full name
	Home Address
	Occupation
	Associated Respondent (if applicable) (Leave this section blank if it does not apply.)
	Full name
	Home Address
	Occupation
	COURT USE ONLY: Date document is filed: (Court stamp)

FAM

This document is	s filed by:	
Name		
Address for service*		
If filed by lawye	's:	
Name of acting lawye		
Contact number		



Respondent's/Associated Respondent's Notice of Objection

l, (full name)													
the respondent or the associated respondent													
under the Temporary Protection Order made on (date)													
in favour of the applicant (applicant's full name)													
against me or the respondent (full name of respondent if objection made	le by	/ asso	ociate	ed resp	oonde	nt)							
object to the direction that I attend a programme.													
I request (select one)													
that the direction be discharged or that the terms of the	dire	ectio	on b	e var	ried a	as fo	llows:						
AND (select one)													
I wish to be heard at a hearing or I do not wish to b	e he	earc	l at a	a hea	aring								
(Include any other relevant information that may assist the Court.)													
Statement in support													
I say: (describe the direction being objected to and any other relevant details. Set out sufficient			to sh	ow wh	y the	discha	arge or	varia	ation				
should be granted, and enough information to inform the court of the facts that support the ob-	jecti	ion).											
Signature of objector													
the Respondent or the Associated Respondent													
Dat	e:	D	D	М	М	Y	Υ	Υ	Y				