

Form DV 6

Information for police if application made for protection order
Domestic Violence Act 1995

Applicant

Full name:

*Residential address:

*Contact telephone number(s):

.....
[home] [work]

*These details must not be disclosed to the respondent or associated respondent.

Respondent

Full name:

Residential address:

Occupation:

Name of employer and address of employer:

.....

Contact telephone number(s):

.....
[home] [work]

Date of birth:/...../..... Age in years:

[select and complete if applies]

Associated respondent

Full name:

Residential address:

Occupation:

Name of employer and address of employer:

.....

Contact telephone number(s):

.....
[home] [work]

Date of birth:/...../..... Age in years:

5. How many weapons does the respondent (*or* the associated respondent) have access to?

.....
.....
.....

6. What types of weapons does the respondent (*or* the associated respondent) have access to?

.....
.....
.....

7. Where are the weapons kept or stored? (*Please be as precise as possible*)

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.....
.....

8. If the respondent (*or* the associated respondent) has access to a relative's or friend's weapons, please give the name and address of each of those people:

.....
.....
.....

.....
Signature of applicant

.....
Date

[Note: *The Domestic Violence Act 1995* defines a **weapon** as any firearm, airgun, pistol, restricted weapon, ammunition, or explosive, as those terms are defined in the *Arms Act 1983*.]