

Form DV 4A

**Information sheet to accompany applications
Under the Domestic Violence Act 1995
(including application made without notice)**

In the Family Court
at
[place]

FAM No:

This information sheet accompanies applications for the following order(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Applicant's full name:

*Home address:

*Work address:

*Email address:

*Contact phone Number(s): [home]
 [mobile]
 [work]

*Preferred method of contact:

*Emergency contact:

[if applying for a protection order , give contact details of another person who can be contacted in an emergency]

Date of Birth:

Age:

Gender:

Occupation:

Ethnic origin: *[select from the following list]*

- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- Other:*[specify]*

*Country of residence:

Interpreter required: yes no
[select the option that applies]

If yes, specify language:

*The applicant may omit these items from copies to be served.

Full name of the other party:

(or other applicant (in the case of a joint application))

Relationship to applicant:

Home address:

Work address:

Contact phone Number(s): *[home]*

.....*[mobile]*

.....*[work]*

Date of Birth:

Age:

Gender:

Occupation:

* Select origin from following list

- 1 New Zealand European
- 2 Māori
- 3 Samoan
- 4 Cook Island Māori
- 5 Tongan
- 6 Niuean
- 7 Chinese
- 8 Indian
- 9 Other:[specify]

Previous applications:

[give the file number of any previous applications between the parties and the Courts where they were filed]

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

Existing orders between the parties:

[give details of any existing order between the parties, including the date the order was made, the court that made the order, and the court file number]

.....
.....

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 court that made the order, and the court file number]

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.....

Previous attendance at safety programme:

[if you have previously attended a safety programme provided by a service provider and wish to attend a further programme with that provider, give the name of that service provider]

.....

Date Stamp

The accompanying applications are filed by:

Address for service: