

FAMILY COURT OF WESTERN AUSTRALIA

CASE INFORMATION AFFIDAVIT

FORM – NP3
File No
Filed on
Court date

am / pm

Time

Each person who is a party to an application for parenting orders should complete this form and have it sworn. The form will be placed on your file at the Family Court of Western Australia.

This form is an 11 page document. No pages can be added, except as expressly provided.

ART A: GENERAL DETA	AILS
YOUR DETAILS	
Family name (as used now)	
Given names	
Gender	☐ Male ☐ Female
Date of birth	1 1
Residential address *	
Telephone number *	Home:
	Work:
	Mobile:
* NOTE: You do not have to give your residential address or telephone number if you are conceiviolence. You can use your address for service of documents.	
Mark box as applicable	present in Australia
	ordinarily resident in Australia
	Australian citizen
	domiciled in Australia
	Aboriginal origin
YOUR OCCUPATION	
What is your usual occupation?	
Are you currently employed?	
If employed, what are your weekly hours of work?	

3	LEGAL ADVICE					
	Have you had legal advice?	□ No □ Yes				
4	OTHER PARTY DETAILS					
	Family name of other party					
	Given names					
	Gender	☐ Male ☐ Female				
	Date of birth	1 1				
	Residential address					
	Telephone number	Home: Work: Mobile:				
5	What is your relationship to th	add a page which contains the same details as in 4, 5 & 6) e other party? ner/wife				
6	Have you and the other party ever lived together?					
	No Yes. If yes what is the -					
	Date you commenced living t	ogether?				
	Date of your marriage?					
	Date of final separation?					
	Date/s of any previous separations?					

7 THE CHILDREN

CHILD 1	CHILD 2			
Family name	Family name			
Given name	Given name			
Date of birth: / /	Date of birth: / /			
Gender: Male Female	Gender: Male Female			
Child lives with Mother Father (specify) Other	Child lives with Mother Father (specify) Other			
CHILD 3	CHILD 4			
Family name	Family name			
Given name	Given name			
Date of birth: / /	Date of birth: / /			
Gender: Male Female	Gender: Male Female			
Child lives with Mother Father (specify) Other	Child lives with Mother Father (specify) Other			
(If more than four children, add a page with the same details) AMILY VIOLENCE				
Do you consider that you, or another party to this case, have been, or are at risk of being, subjected to family violence? No Yes If yes, describe the behaviour about which there are concerns.				

9	Is there a Personal Protection Injunction in force between you and any other party to this case?
	□ No □ Yes
10	Is there a current Family Violence Order between you and any other party to this case and/or the child/ren (including a Family Violence Restraining Order or a Conduct Agreement Order)?
	□ No □ Yes
	Who is restrained?
	What is the date & number of the restraining order?
	(the number appears on the top right hand corner of the order)
	Is it a Final or Interim Order?
	Is there another court date set? If so, when?
11	Have you or any other party to this case been subject to any other restraining orders and/or do you or they have any criminal convictions?
	□ No □ Yes
	If yes, briefly describe
12	Has any party to this case been <u>charged</u> with an offence involving violence, or a threat of violence, to the other party/parties?
	□ No □ Yes
	If yes, briefly describe
13	Has any party to this case ever been <u>convicted</u> of an offence involving violence, or a threat of violence, to the other party/parties?
	□ No □ Yes
	If yes, briefly describe

	party/parties?	•		
	☐ No ☐ Yes			
	Approximately when and what happened?			
P	ART B: ABOUT THE CHILD/REN			
15	Are, or were, the parents of the child/ren ma	rried? No Yes		
10	Are, or were, the parents of the ormaner	med: No55		
16	What is your relationship to the child/ren inv	volved in this case?		
10	Mother/Father Other Relative (specify)	olved in this case:		
	Other (specify)			
47	A b - the reserved of the child/non involved in	this area listed as postion in the		
17	Are both parents of the child/ren involved in application?	this case listed as parties in the		
	□ No □ Yes			
	If no, why not:			
	,,			
	And, what are the names and addresses of the	parents?		
	Name:	Name:		
	Address:	Address:		
18	Are there any other child/ren or adults staying are not part of this application?	ng in your home on a regular basis who		
	(State their name, age and relationship to you)			
	(State their name, age and relationship to you,			

14 Have the police ever been involved in any incident between you and the other

vvn	ere do they live and who else lives with them?)
Pro	vide a short summary explaining:
•	who has been the primary carer of the child/ren prior to and after the pare separated
•	the role the other parent has played in the care of the child/ren prior to a fter the parents separated
•	the current supervision arrangements in place for the child/ren (that is v looks after the child/ren eg parent, nanny, day care).

	pays for the child/ren's		<u> </u>	<u> </u>	
•					
What	are the current educat	tion arrangem	ents for the cl	nild/ren?	
(What	schools do the child/re	n attend and w	hat progress a	re they making	? Do they ha
any sp	ecial extra-curricular ad	ctivities?)			
Do an	y of the child/ren have	any particula	ar health, deve	elopmental or s	pecial needs
(Briefly	/ explain)				

	do not live?
	(How much time do the child/ren spend with that parent? Where does handover occur? If they are not spending time, why?)
Ε	XISTING ORDERS/INVOLVEMENT OF DEPARTMENT OF COMMUNITIES
	XISTING ORDERS/INVOLVEMENT OF DEPARTMENT OF COMMUNITIES Are there any current orders about with whom the child/ren live and/or how much time they spend with the other party/parties? No Yes
	Are there any current orders about with whom the child/ren live and/or how much time they spend with the other party/parties?
E 26	Are there any current orders about with whom the child/ren live and/or how much time they spend with the other party/parties?

28	Has the Department of Communities, or any other child welfare authority, had any involvement with you, the other party/parties, the child/ren or a member of the child/ren's family?				
	□ No □ Yes				
	Which office and approximately when? What happened?				
С	ONCERNS ABOUT RISKS TO THE CHILDREN				
29	Do you consider that the child/ren has/have been, or are currently, at risk?				
	□ No □ Yes				
	If yes, describe who is at risk, who they are at risk from, and what is the nature of the risk.				
	Include any other relevant information such as substance abuse (what substances, who uses them, in what quantities and how often) and mental health (the illness, medical treatment and/or medication) which impacts on the parenting of the child/ren. For all information, include the evidence to support your claim.				

CURRENT DISPUTE

FAMILY DISPUTE RESOLUTION				
resolution practitioner? (Refer to	No Yes If yes, attach a copy of the certificate to the application. If no, to obtain an exemption from filing a certificate you must complete and file an Exemption Form.			
32 Have you received advice from a family counsellor or a family dispute resolution practitioner about the services and options (including alternatives to court action) available in circumstances of abuse or violence? (Refer to section 60J of the Family Law Act 1975 section 66l of the Family Court Act 1997).				
AFFIDAVIT				
I ☐ swear / ☐ affirm that				
 I am the person named in paragraph 1. I have read this Case Information Affidavit and the facts set out in it, of which I have personal knowledge, are true. All other facts are true to the best of my knowledge, information and belief. 				
Signature of person making this affidavit Place: Date:				
Signature of authorised witness				
Full name of authorised witness				
☐ Lawyer ☐ Justice of the Peace ☐ Notary Public				
This Case Information Affidavit was prepared / settled by Applicant Respondent Lawyer				
	Name			
	Lawyer's Code			

Approved by Chief Judge FCWA – 230821