

FAMILY COURT OF WESTERN AUSTRALIA

MAGISTRATES COURT OF WESTERN AUSTRALIA

File No

Filed on

FORM 1A – RESPONSE TO INITIATING APPLICATION

COURT LOCATION

NEXT COURT DATE

TIME am / pm

Applicant's family name (as used now)	
Given names	
Respondent's family name (as used now)	
Given names	
Respondent's address for service of documents in Australia	
Prepared by *	
Lawyer's Code *	
Name of law firm *	
Email ^	
Telephone	
Fax ^	
 Complete where filed by a law find the Please do not include email or and other parties in that way. 	Firm fax details unless you are willing to receive documents from the Court
Part A Orders soug	ht by you the Respondent
1 Type of orders sought (ma	ork all boxes that apply)
Children (parenting)	Financial (property and/or maintenance)
Child support	Other (specify)

2 Final orders agreed

State the paragraph numbers of the final orders sought in the *Initiating Application* (at Part A) with which you agree. (Give each order the same paragraph number from the *Initiating Application* eg. 3, 6, 10)

3 Final orders sought by you the respondent

State precisely and briefly the final orders sought by you, the respondent. (Give a number to each order sought)

1.

4 Interim or	procedural	orders	agreed
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State the paragraph numbers of the interim or procedural orders sought in the *Initiating Application* (at Part A) with which you agree. (Give each order the same paragraph number from *the Initiating Application* eg. 3, 4, 6, 10)

5 Interim or procedural orders sought by you the respondent

State precisely and briefly any other	interim or procedural	l orders sought by you the	respondent.
(Give a number to each order sought.)			

1.

NOTE - Go to Part D where filing a Case Information Affidavit with this response. (Do not complete Part B and C)

Part B Details of the Parties				
	Applicant		Respondent	
6 Family name as used now				
7 Given names				
8 Gender	male] female	☐ male ☐ fe	emale
9 Residential address (incl postcode)				
	You do not have to state your residential address or your telephone number if you are concerned about family violence. You can repeat your contact address for service if you wish.			
10 Telephone number (home and mobile)				
11 Date of birth (day / month / year)	1	1	/	/
12 Occupation				
13. Mark box as applicable for the respondent	 □ present in Australia □ ordinarily resident in Australia □ Australian citizen □ domiciled in Australia □ Aboriginal origin 		 □ present in Australia □ ordinarily resident in Australia □ Australian citizen □ domiciled in Australia □ Aboriginal origin 	
14 Is an interpreter required?	☐ No ☐ Yes If Yes, state language & dialect:		☐ No ☐ Yes If Yes, state language & dialect:	
*If there is more than one r	espondent, just add a p	page with the same details	on it for them.	
The information you provide may be shared with researchers approved by the Court, and may be included in publications in statistical form in a way that does not identify you.				
Part C Saf	ety concerns			
15 Is there a current Restraining Order between you and/or the other party or the children? If yes, who is restrained If yes, who is restrained No Yes If yes, who is restrained No Yes If yes, who is restrained				

Part D Statement of Truth of the Contents of this document

(If more than one respondent, attach a further page providing a full name and statement of truth in this form)

17 Respondent's name

- 1. I believe the facts of which I have personal knowledge are true.
- 2. All other facts are true to the best of my knowledge, information and belief and the orders sought in this response are supported by evidence.
- 3. I am aware that I have a duty to the Court and to each other party to give full and frank disclosure in a timely manner of all information relevant to the issues in the case.

I have read and understood this Statement of Truth (please tick)

☐ Signature of Respondent						
Date	/	1				