



FAMILY COURT OF WESTERN AUSTRALIA

CASE INFORMATION AFFIDAVIT

Form NP3

Client ID

File No (P)PTW

Filed on

Court date

Time am / pm

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 a 10 page document. No pages can be added, except as expressly provided.

PART A: GENERAL DETAILS

1 YOUR DETAILS

Family name <i>(as used now)</i>	
Given names	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	/ /
Residential address *	
Telephone number *	Home: Work: Mobile:
* NOTE: You do not have to give your residential address or telephone number if you are concerned about family violence. You can use your contact address for service of documents.	
Mark box as applicable	<input type="checkbox"/> present in Australia <input type="checkbox"/> ordinarily resident in Australia <input type="checkbox"/> Australian citizen <input type="checkbox"/> domiciled in Australia <input type="checkbox"/> Aboriginal origin

2 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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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4 OTHER PARTY DETAILS

Family name of other party	
Given names	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	/ /
Residential address	
Telephone number	Home: Work: Mobile:

(If there is more than one party just add a page which contains the same details as in 4, 5 & 6)

5 What is your relationship to the other party?

Former/husband Former/wife Former *de facto* partner
 Other (specify)

6 Have you and the other party ever lived together?

No Yes. If yes what is the -

Date you commenced living together?	
Date of your marriage?	
Date of final separation?	
Date/s of any previous separations?	

7 What is your relationship to the child/ren involved in this case?

Mother/Father Other Relative (specify)
 Other (specify)

8 Are both parents of the child/ren involved in this case listed as parties in the application?

No Yes

If no, what are the names and addresses of the parents?

Name: Address:	Name: Address:
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PART B: ABOUT THE CHILDREN

9 THE CHILDREN

<p>CHILD 1</p> <p>Family name</p> <p>Given name</p> <p>Date of birth: / /</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father (specify) <input type="checkbox"/> Other _____</p>	<p>CHILD 2</p> <p>Family name</p> <p>Given name</p> <p>Date of birth: / /</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father (specify) <input type="checkbox"/> Other _____</p>
<p>CHILD 3</p> <p>Family name</p> <p>Given name</p> <p>Date of birth: / /</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father (specify) <input type="checkbox"/> Other _____</p>	<p>CHILD 4</p> <p>Family name</p> <p>Given name</p> <p>Date of birth: / /</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father (specify) <input type="checkbox"/> Other _____</p>

(If more than four children, add a page with the same details)

10 Are there any other *child/ren* or adults staying in your home on a regular basis who are not part of this application?

(State their name, age and relationship to you)

11 What are the current housing arrangements in place for the children?

(Where do they live and who else lives with them?)

14 What are the current education arrangements for the children?

(What schools do the children attend and what progress are they making? Do they have any special extra-curricular activities?)

15 Do any of the children have any particular health, developmental or special needs?

(Briefly explain)

16 What arrangements are in place for the children to see the parent with whom they do not live?

(How much time do the children spend with that parent? Where does handover occur? If they are not spending time, why?)

17 Briefly describe any parenting arrangements that have worked well since separation.

PART C: EXISTING ORDERS / INVOLVEMENT OF POLICE / DEPARTMENT FOR CHILD PROTECTION

18 Are there any current orders about where the children live and/or how much time they spend with the other party?

No Yes

What was the date the orders were made and where were they made?

19 Have you or the other party ever been a party in any other case involving children in this court or any other court?

No Yes. If yes, what is the file number?

20 Is there a current Restraining Order between you and the other party and/or the children?

No Yes

Who is restrained?	
What is the date & number of the restraining order? <i>(the number appears on the top right hand corner of the order)</i>	
Is there another court date set and when?	

21 Have you or the other party been subject to any other restraining orders and/or do you or the other party have any criminal convictions?

No Yes

If yes, briefly describe

22 Have the police ever been involved in any incident between you and the other party?

No Yes

Approximately when and what happened?

23 Has the Department for Child Protection or any other child welfare authority had any involvement with you or the other party or the children or a member of the children's family?

No Yes

Which office and approximately when? What happened?

PART D: CONCERNS ABOUT RISKS TO THE CHILDREN

24 Do you consider that the child/ren have been, or are at risk of being, subjected or exposed to abuse, neglect or family violence?

No Yes

If yes, describe the behaviour about which there are concerns.

25 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.

26 Do you have concerns about substance abuse (alcohol or drugs) which impact on the parenting of the children?

No Yes

If yes, describe the behaviour about which you are most concerned.

27 Are there any mental health issues which impact on the capacity of either parent to care for the children?

No Yes

If yes, describe the behaviours about which you are most worried and provide details of any medical treatment.

PART F: FAMILY DISPUTE RESOLUTION

29 Have you obtained a certificate from a registered family dispute resolution practitioner? (Refer to section 60I of the *Family Law Act 1975* section 66H of the *Family Court Act 1997*).

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. See the *Exemption Form kit*.

30 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 66I of the *Family Court Act 1997*).

No Yes

PART G: AFFIDAVIT

I swear / affirm that

1. I am the person named in paragraph 1.
2. I have read this Case Information Affidavit and the facts set out in it, of which I have personal knowledge, are true.
3. 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
<input type="checkbox"/> Lawyer <input type="checkbox"/> Justice of the Peace <input type="checkbox"/> Notary Public

This Case Information Affidavit was prepared / settled by Applicant Respondent Lawyer

Name	
Lawyer's Code	