



NOTICE OF CHILD ABUSE OR FAMILY VIOLENCE (OR RISK) – FORM 4

INFORMATION SHEET

When to use this form

The Form 4 Notice is to be used:

- a) when allegations of child abuse or risk of child abuse are made; or
- b) when allegations of family violence or risk of family violence are made that are relevant to whether the court should make or refuse to make a parenting order.

Making copies of the form for filing, service and yourself

The completed and signed original form is filed at the Court. Before you file it you must also make sufficient copies to have one for each person to be served, an extra copy to be provided to the Department for Child Protection and Family Support (DCPFS) and a copy for your own records. Your Case Information Affidavit (if accompanying this notification) will also be forwarded to DCPFS. DCPFS may provide a response to the Court.

Filing Fees:

NIL

Who you serve

- Each party to the case
- The person/s named in paragraphs 6 and 7
- The Independent Children’s Lawyer (if one has been appointed).

Note: The Court must provide a copy of the Form 4 to DCPFS.

How you serve this form

By ordinary service. The Service Kit provides instructions how to do this.

What is filed in response

Nothing, unless the Court otherwise orders or permits.

In completing a Court form, you must

Use the Court’s prescribed form.

Complete the form by typing (e.g. on a computer or typewriter) or hand printing in ink.

NOTE: Hard copies of all forms, brochures, kits and booklets are also available through the Family Court’s Registry.

SEE NEXT PAGE FOR IMPORTANT DEFINITIONS

Definitions of Child Abuse and Family Violence

The definitions referred to in the Form 4 Notice of Abuse or Family Violence (or Risk) are as follows:

abuse, in relation to a child, means:

- (a) an assault, including a sexual assault, of the child; or
- (b) a person (the **first person**) involving the child in a sexual activity with the first person or another person in which the child is used, directly or indirectly, as a sexual object by the first person or the other person, and where there is unequal power in the relationship between the child and the first person; or
- (c) causing the child to suffer serious psychological harm, including (but not limited to) when that harm is caused by the child being subjected to, or exposed to, family violence; or
- (d) serious neglect of the child.

A child is **exposed** to family violence if the child sees or hears family violence or otherwise experiences the effects of family violence.

Examples of situations that may constitute a child being exposed to family violence include (but are not limited to) the child:

- (a) overhearing threats of death or personal injury by a member of the child's family towards another member of the child's family; or
- (b) seeing or hearing an assault of a member of the child's family by another member of the child's family; or
- (c) comforting or providing assistance to a member of the child's family who has been assaulted by another member of the child's family; or
- (d) cleaning up a site after a member of the child's family has intentionally damaged property of another member of the child's family; or
- (e) being present when police or ambulance officers attend an incident involving the assault of a member of the child's family by another member of the child's family.

family violence means violent, threatening or other behaviour by a person that coerces or controls a member of the person's family (the **family member**), or causes the family member to be fearful.

Examples of behaviour that may constitute family violence include (but are not limited to):

- (a) an assault; or
- (b) a sexual assault or other sexually abusive behaviour; or
- (c) stalking; or
- (d) repeated derogatory taunts; or
- (e) intentionally damaging or destroying property; or
- (f) intentionally causing death or injury to an animal; or
- (g) unreasonably denying the family member the financial autonomy that he or she would otherwise have had; or
- (h) unreasonably withholding financial support needed to meet the reasonable living expenses of the family member, or his or her child, at a time when the family member is entirely or predominantly dependent on the person for financial support; or
- (i) preventing the family member from making or keeping connections with his or her family, friends or culture; or
- (j) unlawfully depriving the family member, or any member of the family member's family, of his or her liberty.

Notice of Child Abuse or Family Violence (or Risk)

FORM 4

Please type or print clearly and mark [X] in all boxes that apply.

Filed in:

- Family Court of Western Australia
- Other (specify) _____

Filed on behalf of:

Full name: _____

MARK [X] IN THE BOX THAT APPLIES TO YOU

- Father
- Mother
- Other (specify) _____

This form is to be used:

- a) when allegations of child abuse or risk of child abuse are made; or
- b) when allegations of family violence or risk of family violence are made that are relevant to whether the court should make or refuse to make a parenting order.

Applicant's Client ID _____

Respondent's Client ID _____

File number _____

Filed at _____

Filed on _____

Court location _____

Next Court date (if known) _____

Part A About the notice

This notice alleges:

- Child abuse or risk of child abuse
- Family violence or risk of family violence
- Child abuse or risk of child abuse and family violence or risk of family violence

MARK [X] IN THE BOX THAT APPLIES

Part B About the person filing this notice and parties

1 Who is giving this notice? (Please include any other names or alias used by you)

Family name

Given names

Family name

Given names

- 2 At what address can you be contacted? (THIS NEED NOT BE WHERE YOU LIVE) If you give a lawyer's address, include the name of the law firm.

		State	Postcode
Phone	Fax *		
DX			
Email*		Lawyer's code	

* Please do not include email or fax addresses unless you are willing to receive documents from the Court and other parties in that way.

- 3 What are the names of the other parties? (Please include any other names or alias used by the parties)

Family name	Given names
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Family name	Given names
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Part C About the Independent Children's Lawyer

- 4 Independent Children's Lawyer family name

<input style="width: 95%;" type="text"/>	Given names
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Firm name	
<input style="width: 95%;" type="text"/>	

Part D About the children to whom the notice relates

Child 1

- 5 Child's family name

Given names

Male Female

Child's date of birth / /

Child's current address

State	Postcode

Name/address of the person with whom the child lives

Child 2

Child's family name

Given names

Male Female

Child's date of birth / /

Child's current address

State	Postcode

Name/ address of the person with whom the child lives

IF THERE ARE MORE CHILDREN ATTACH EXTRA PAGES ANSWERING PART D

Part E About the alleged child abuse and family violence (or risk)

Before you complete this Part you should carefully read the definitions of “abuse” and “family violence” in the Information Sheet.

- 6 **CHILD ABUSE:** What is the name of the alleged abuser(s) if known? Include any other names or alias of the alleged abuser(s) if known.

Family name	Given names	Relationship to child

What is the last known address of the alleged abuser(s) if known?

State:	Postcode:	Phone:

NOTE: A copy of this notice must be served on the person identified in Item 6 as the alleged abuser.

- 7 **FAMILY VIOLENCE:** What is the name of the alleged perpetrator(s) of violence if known? Include any other names or alias if known.

Family name	Given names	Relationship to child

What is the last known address of the alleged perpetrator(s) if known?

State:	Postcode:	Phone:

NOTE: A copy of this notice must be served on the person identified in Item 7 as the alleged perpetrator(s) of violence.

- 8 Is there a **CURRENT** risk to the child/ren the subject of this notice arising from the alleged abuse or family violence (or risk)? Yes No

Have the allegations raised in this document been reported to:

- The Western Australian Police (or any interstate police)? Yes No
- Princess Margaret Hospital? Yes No
- Other medical provider (please specify) Yes No
- Other agency (please specify) Yes No

Does the alleged child abuse (or risk of child abuse) relate to:		
• Assault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Sexual activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Serious psychological harm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Serious neglect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Have the Western Australian Police or police in any other State or Territory (interstate police) ever been involved in any incident involving you and the other party/parties? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If any interstate police have been involved then please specify which State or Territory:</p>		
<p>Have you, the other party, the person(s) named in paragraphs 6 and/or 7 ever been convicted of any criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, then please specify who and what offence/s:</p>		
<p>Have the Western Australian Police or interstate police ever been involved in any incident involving the person(s) named in paragraphs 6 and/or 7? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If any interstate police have been involved then please specify which State or Territory:</p>		

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Have you had any prior contact with the Department for Child Protection & Family Support (DCPFS) in relation to the child/children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the person(s) named in paragraph 6 and/or 7 had any prior contact with DCPFS?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>
Have you or the person(s) named in paragraphs 6 and/or 7 had contact with any other State or Territory child protection authority (interstate authority)?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>
If yes, then please specify which interstate authority and which office (suburb or location):		
If there has been any prior contact with DCPFS or an interstate authority, then was the prior contact in relation to:		
<ul style="list-style-type: none"> • A previous Form 4? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, then please specify the Form 4 notification number (if known) and date:		
<ul style="list-style-type: none"> • Concerns specifically in relation to the safety or wellbeing of a child/children? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Financial support? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Parenting support? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Referral to another agency? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, then please specify which agency/agencies:		
<ul style="list-style-type: none"> • Homelessness? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Domestic or family violence? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Other (please specify): 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any of your children / any of the parties' children ever been in the care of DCPFS or an interstate child protection authority?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>

Part G

Statement of Facts about the alleged child abuse and family violence (or risk)

In point form, state the facts that you allege constitute abuse and/or family violence (or risk). If more space is required to state the allegations, permission of the Court is required.

NUMBER EACH PARAGRAPH. DO NOT EXCEED SPACE PROVIDED.

Dotted lines for writing.

NUMBER EACH PARAGRAPH. DO NOT EXCEED SPACE PROVIDED.

A series of horizontal dashed lines providing space for writing.

Part H Affidavit of person filing notice

I swear / affirm that

1. I am the person named in paragraph 1 of this Notice.
2. I have read this Notice, 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	

This notice and affidavit
was prepared by

- person(s) filing this notice
 lawyer
