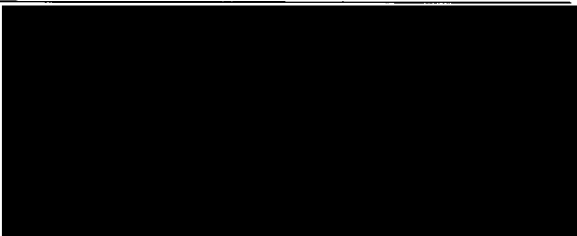


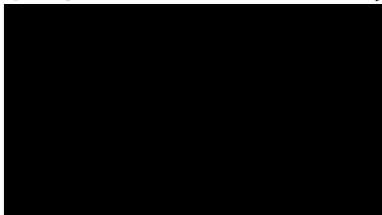
**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT SW-12 TO STATEMENT OF SCOTT JAMES WIDMER

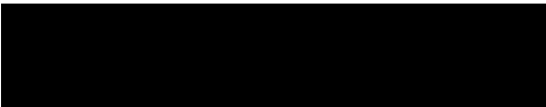
Date of document: 21 July 2015
Filed on behalf of: State of Victoria
Prepared by:
Victorian Government Solicitor's Office
Level 33
80 Collins Street
Melbourne VIC 3000



This is the attachment marked '**SW-12**' produced and shown to **SCOTT JAMES WIDMER** at the time of signing his Statement on 21 July 2015.



Before me:



**An Australian Legal Practitioner within
the meaning of the Legal Profession Uniform Law (Victoria)**



Magistrates' Court
of Victoria

Form FVIO1

INFORMATION FOR APPLICATION FOR AN INTERVENTION ORDER

Family Violence Protection Act 2008 Sections 42-47 & 49- 51

The information in this form assists the Court Registrar to prepare your application for an intervention order.

Answers to questions marked with ★ will not be included in the Application for an Intervention order that will be given to the respondent

Please specify application sought

- Summons for a family violence intervention order
- Warrant for a family violence intervention order
- Summons and interim family violence intervention order

Court reference no.

Date of hearing

APPLICANT (To be completed by person making application on behalf of the Affected Family Member)

Family name	<input type="text"/>		
Given name	<input type="text"/>		
Title	Dr Mr Ms Mrs Miss Other	<input type="text"/>	
	<i>(Select the appropriate title)</i>		
Current address	<input type="text"/>		
Do you wish to disclose this address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Phone numbers	Home <input type="text"/>	Work <input type="text"/>	
	Mobile <input type="text"/>		
Date of birth	<input type="text"/>		
Police Registered No	<input type="text"/>		
	Phone <input type="text"/>	Fax <input type="text"/>	

The Applicant is:

- a police officer
- an affected family member
- an adult (over 18) with the written consent of an affected family member
- a parent of an affected family member who is a child
- a person with the written consent of a parent of the child
- an affected family member of or about the age of 14 years with leave of the court
- the guardian of an affected family member
- a person who seeks to make the application with the leave of the court

If the applicant is not the affected family member, does the affected family member consent to the making of the final order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the affected family member is a child, does a parent of the child consent to the making of the final order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the affected family member has a guardian, does the guardian consent to the making of the final order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: The leave of the court is required to make the application if the applicant is either

- (a) a child aged 14 or older (but less than 18); or
 (b) a person who is not the parent of an affected family member who is a child and who does not have the written consent of a parent of the child; or
 (c) a person other than the guardian appointed under the **Guardianship and Administration Act 1986** (if an appointment has been made)

Do you require the leave of the Court? Yes No

AFFECTED FAMILY MEMBER

Who needs the Family Violence intervention order:	<input type="text"/>	
	<i>(Insert name of affected family member)</i>	
Date of birth	<input type="text"/>	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Current address	<input type="text"/>	
Does the respondent know this address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a rental property? Is there an existing joint tenancy agreement? Please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	
Relationship of affected family member to respondent	<input type="text"/>	
Do you need an interpreter at court?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – specify language <input type="text"/>
How long have you known the respondent for?	<input type="text"/> Years	or <input type="text"/> Months
Are you separated from the respondent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are separated, how long have you been separated for?	<input type="text"/> Years	or <input type="text"/> Months
Does the family member have a disability? ★ Please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="text"/>	
21 Is the affected family member of Aboriginal and/or Torres Strait Island origin? ★	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	

CHILDREN

22 Do you have any children or are there any children living in the house with you?

- No
 Yes – there are children living with me
 Yes - I have children living elsewhere
 Yes - other

Child 1

23.1 Family name

Given name

Current address

Same address as applicant

Date of birth

Postcode

Gender Male Female

Relationship to respondent?

Do you wish this child to be included in the intervention order?

No Yes

Is the child the subject of a current Family Law Act order or an application in the Family Court of Australia?

No Yes – Specify what type of order

Parenting order

Other –specify

Date of last Order

Is the child the subject of a current Children's Court order or application?

No Yes – Specify what type of order

Child Protection Order (*involving Department of Human Services*)

Intervention Order

Other –specify

Date of last Order

Child 2

Family name

Given name

Current address

Same address as applicant

Date of birth

Postcode

Gender Male Female

Relationship to respondent?

Do you wish this child to be included in the intervention order?

No Yes

Is the child the subject of a current Family Law Act order or an application in the Family Court of Australia?

No Yes – Specify what type of order

Parenting order

Other –specify

Date of last Order

Is the child the subject of a current Children's Court order or application?

No Yes – Specify what type of order

Child Protection Order (*involving Department of Human Services*)

Intervention Order

Other –specify _____
 Date of last Order _____

Child 3

Family name	_____
Given name	_____
Current address	<input type="checkbox"/> Same address as applicant _____ _____ Postcode _____
Date of birth	_____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to respondent?	_____
Do you wish this child to be included in the intervention order?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the child the subject of a current Family Law Act order or an application in the Family Court of Australia?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Specify what type of order <input type="checkbox"/> Parenting order <input type="checkbox"/> Other –specify _____ Date of last Order _____
Is the child the subject of a current Children’s Court order or application?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Specify what type of order <input type="checkbox"/> Child Protection Order (<i>involving Department of Human Services</i>) <input type="checkbox"/> Intervention Order <input type="checkbox"/> Other –specify _____ Date of last Order _____

Child 4

Family name	_____
Given name	_____
Current address	<input type="checkbox"/> Same address as applicant _____ _____ Postcode _____
Date of birth	_____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to respondent?	_____
Do you wish this child to be included in the intervention order?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the child the subject of a current Family Law Act order or an application in the Family Court of Australia?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Specify what type of order <input type="checkbox"/> Parenting order <input type="checkbox"/> Other –specify _____ Date of last Order _____
Is the child the subject of a current Children’s Court order or application?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Specify what type of order <input type="checkbox"/> Child Protection Order (<i>involving Department of Human Services</i>) <input type="checkbox"/> Intervention Order <input type="checkbox"/> Other –specify _____ Date of last Order _____

Is there an associate of the affected family member who seeks to make an application as an additional applicant?** Yes No
 *Complete Form FVIO2
 NOTE: An associate of an affected family member or a protected person, is a person who provides the affected family member or protected person with assistance or support

RESPONDENT

Who is the Application against?	<input type="text"/> <i>(Insert name of respondent)</i>	
Date of birth (or approximate age)	<input type="text"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Current address	Home address <input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
	Work address <input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Does the respondent operate a business from the home address?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Phone numbers	Home <input type="text"/>	Work <input type="text"/>
	Mobile <input type="text"/>	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure If yes, specify language <input type="text"/>	
Does the respondent have a disability? * If yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	
Is the respondent of Aboriginal and/or Torres Strait Island origin? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander	
Does the respondent have a gun, access to a gun or a firearms licence? If the respondent has a gun or access to a gun, where is the gun located?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Please specify location, if known <input type="text"/>	
Does the respondent hold:	<input type="checkbox"/> a firearms authority <input type="checkbox"/> a weapons exemption <input type="checkbox"/> a weapons approval	

Is there an associate of the respondent against whom the affected family member seeks to make an application as an additional respondent?*

NOTE: An associate of a respondent is a person who is so closely connected with the respondent that the respondent can influence the actions of the person, whether directly or indirectly.

- Yes
*Complete Form FVIO3
 No

HISTORY OF FAMILY VIOLENCE INCIDENTS

The purpose of this section is to gather information about the history of family violence incidents involving the respondent, starting with the most recent incident. Please provide as much information as you can and attach additional pages if you need more space to write your answers.

<p>Has the respondent behaved in a manner that:</p>	<p><input type="checkbox"/> is physically or sexually abusive</p> <p><input type="checkbox"/> is emotionally or psychologically abusive (including repeated derogatory taunts; threats to disclose your sexual orientation; threats to withhold medication; socially isolating you; or threats of self-harm)</p> <p><input type="checkbox"/> is economically abusive (including; removing or disposing of property without permission, preventing you from seeking employment, coercing you to sign a financial contract or relinquish control over assets, income or finances)</p> <p><input type="checkbox"/> is threatening</p> <p><input type="checkbox"/> is coercive</p> <p><input type="checkbox"/> in any way controls or dominates you and causes you to feel fear for your safety or wellbeing or that of another person</p>
<p>Has the respondent:</p>	<p><input type="checkbox"/> assaulted or threatened to assault you</p> <p><input type="checkbox"/> damaged your property or threatened to do so</p> <p><input type="checkbox"/> deprived you of your liberty or threatened to do so</p> <p><input type="checkbox"/> caused or threatened to cause the death of, or injury to, an animal so as to control, dominate or coerce you</p> <p><input type="checkbox"/> caused a child to be exposed to any of these behaviours</p>
<p>What was the most recent incident of family violence by the respondent?</p> <ul style="list-style-type: none"> • When and where did it occur? • What happened? 	<div style="border: 1px solid black; height: 400px; width: 100%;"></div>

Have there been other incidents of family violence by the respondent in the past?

- When and where did they occur?
- What happened?

No Yes

Describe

Do you think these incidents may occur again?

Explain why you think these incidents are likely / not likely to occur again

No Yes

Has the respondent removed any of your personal property or the personal property of another family member against your wishes? *

No Yes

Describe

Did the police attend the most recent incident or has it been reported to police? *

No Yes

If yes, give name of person who reported it to police

Do you know the name of the police officer who attended the incident or who it was reported

No Yes – state name below

Name/Rank of Officer

<p>to, and which police station they work at? *</p>	<p>Police Station <input style="width: 100%;" type="text"/></p>
<p>Has the respondent been charged with a criminal offence in relation to this incident? *</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p>
<p>25 If yes, what has the respondent been charged with? *</p> <p>Please specify or describe charges if you know them</p>	<div style="border: 1px solid black; height: 150px;"></div>
<p>Have police taken other action? *</p> <p>Please specify or describe action taken by police that you know about.</p>	<div style="border: 1px solid black; height: 150px;"></div>
<p>Is this the first time you have applied for an intervention order against the respondent? *</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – please provide details</p> <p>Court Location <input style="width: 100%;" type="text"/></p> <p>Date of application <input style="width: 100%;" type="text"/></p> <p>Court Reference No <input style="width: 100%;" type="text"/></p>
<p>Was an intervention order made? *</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>Do you know if the respondent has applied for an intervention order against you? *</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details</p> <p>Court Location <input style="width: 100%;" type="text"/></p> <p>Date <input style="width: 100%;" type="text"/></p> <p>Court Reference No <input style="width: 100%;" type="text"/></p>
<p>If so, was an intervention order made against you? *</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>

COURT ORDERS

Has the respondent removed jointly owned property that would enable your everyday life to continue with as little disruption as practicable?

Yes No

Describe

How long do you want the intervention order to last?

- Less than 12 months
 12 months
 More than 12 months

Explain why you want the order to last this long

Do you need protection immediately, before an application for a family violence intervention order is heard?

(application for interim intervention order)

Yes No Unsure

Give reason/s why you want, or do not want, immediate protection. (from an interim intervention order)

Conditions of Family Violence Intervention Order

I want the respondent to be prevented from:

You may choose as many as you like from the list but the magistrate may not include all of the conditions you choose on the order.

If there is something you do not want the respondent to do which is not covered in this list, you should discuss this with the Court Registrar.

Committing family violence against the protected person(s)

Note:

The Family Violence Protection Act 2008 defines family violence as behaviour by a person towards a family member of that person that is physically or sexually abusive, emotionally or psychologically abusive, economically abusive, threatening, coercive, or in any other way controls or dominates a family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

Family Violence includes behaviour that causes a child to hear or witness or otherwise be exposed to the effects of these behaviours.

Intentionally **damage any property of the protected person(s)** or threaten to do so.

Attempting to locate, **follow** the protected person(s) or keep him/her/them under surveillance.

Publishing on the internet, by email or other electronic communication any material about the protected person.

Contacting or communicating with the protected person(s), by any means.

	<p><input type="checkbox"/> Approaching or remaining within _____ metres of a protected person.</p> <hr/> <p><input type="checkbox"/> Going to or remaining within _____ metres of</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>or any other place where a protected person lives, works or attends school/childcare.</p> <hr/> <p><input type="checkbox"/> Getting another person to do anything the respondent must not do under this order.</p>
<p>I would like exceptions included in the order:</p>	<p><input type="checkbox"/> The respondent may:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (a) do anything that is permitted by a Family Law Act order, a child protection order or a written agreement about child arrangements; or <input type="checkbox"/> (b) negotiate child arrangements by letter, email or text message; or <input type="checkbox"/> (c) communicate with a protected person through a lawyer or mediator; or <input type="checkbox"/> (d) arrange and/or participate in counselling or mediation; or <input type="checkbox"/> (e) go to the home of a protected person, in the company of a police officer or a person chosen by the applicant, to collect personal property. <p>BUT ONLY if the respondent does not commit family violence while doing so.</p>
<p>I want the Court to order:</p>	<p><input type="checkbox"/> The respondent must arrange to return personal property belonging to the protected person/s within 2 days of the service of the order.</p> <p><input type="checkbox"/> The respondent must arrange to return jointly owned property within 2 days of the service of the order.</p> <p><input type="checkbox"/> Any firearms authority held by the respondent to be cancelled. The respondent must hand any firearms in his/her possession to police immediately.</p> <p><input type="checkbox"/> Any weapons approval or weapons exemption held by the respondent to be revoked. The respondent must hand any weapons in his/her possession to police.</p> <p><input type="checkbox"/> I would like the Court to encourage the respondent to contact the Men's Referral Service.</p>
<p>Children's arrangements:</p>	<p><input type="checkbox"/> I would like the Family Law Act order about my children to be revived, varied or suspended.</p> <p><input type="checkbox"/> I do not believe that my safety or the safety of my child/ren will be jeopardised by the child/ren living with, spending time with or communicating with the respondent. I understand that the Court will require children's arrangements (including handover arrangements) to be in writing.</p> <p><input type="checkbox"/> I believe that it may jeopardise my safety and / or the safety of my child/ren for my child/ren</p> <ul style="list-style-type: none"> <input type="checkbox"/> to live with, <input type="checkbox"/> spend time with or <input type="checkbox"/> communicate with the respondent.

Other:	<input type="checkbox"/> <input style="width: 100%;" type="text"/>
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FURTHER INFORMATION

The information on this page is collected to help us to better understand who requires an Intervention Order. It will also help us match you with support services you may find helpful.

The information provided on this page will not be provided to the respondent.

Who referred you to court? *	<input type="checkbox"/> Police <input type="checkbox"/> Family or friend <input type="checkbox"/> Family Violence Outreach Worker <input type="checkbox"/> Counsellor or health worker <input type="checkbox"/> Other – please specify <input style="width: 150px;" type="text"/> <input type="checkbox"/> Not referred by any person
Were you born in Australia? *	<input type="checkbox"/> Yes <input type="checkbox"/> No – please state which country you were born in <input style="width: 150px;" type="text"/>
What language do you speak at home? *	<input type="checkbox"/> English <input type="checkbox"/> Other – please specify what language <input style="width: 150px;" type="text"/>
Was the respondent born in Australia? *	<input type="checkbox"/> Yes <input type="checkbox"/> No – please state which country <input style="width: 150px;" type="text"/> <input type="checkbox"/> Unsure
What language does the respondent speak at home? *	<input type="checkbox"/> English <input type="checkbox"/> Other – please specify what language <input style="width: 150px;" type="text"/>

Once you have completed this form, you will need to meet with the Court Registrar about your application for a Family Violence Intervention Order. Please tell the Court Registrar if you need a Family Violence Intervention Order urgently.

You can:

- Contact the Court Registrar at your local Magistrates' Court by phone to make an appointment about your application.
- Take the completed form to the Court Registrar at your local Magistrates' Court to talk about your application. You may need to wait to see the Court Registrar if you do not have an appointment.

You must sign this form in front of the Court Registrar.

Affidavit	Certification*
<p>I _____</p> <p>make oath / *affirm and say that the contents of my application are true and correct to the best of my knowledge. <i>(Under section 141 of The Evidence Act 1958 a person who makes an affidavit knowing the contents of the affidavit to be false may be punished for the offence of perjury)</i></p> <p>Sworn/Affirmed at: _____</p> <p>on _____ (date)</p> <hr/> <p>Signature of person making the affidavit</p> <p>Before me</p> <hr/> <p>Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>(A person authorised under section 123C(1) of the Evidence Act 1958 to take an affidavit.)</p>	<p>I _____</p> <p>certify that the information contained in this application is true and correct to the best of my knowledge.</p> <p>I understand that making a certification knowing the document to be false in any particular constitutes an offence punishable by 120 penalty points</p> <p>Certified at _____</p> <p>on _____ (date)</p> <hr/> <p>Signature of person making certification</p> <p>Name _____</p> <p>Title/Rank _____</p> <p>Court/ _____</p> <p>Police Station _____</p> <p><i>*For use by police and registrars only</i></p>