



In the Children's Court at:	Case No:
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Applicant:	_____
Address:	_____
Do you wish to disclose your address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protected person:	_____
Address:	_____
Respondent:	_____
Address:	_____

I _____

am the respondent to an application made at _____
Court location

on _____ **And wish to apply to the court for a rehearing of the:**
Date

application for a final personal safety intervention order;

application for variation/revocation/extension of a personal safety intervention order

application for an order declaring the applicant to be a vexatious litigant

My reason for seeking a rehearing of the application is:

I was not personally served with the application

The application was not brought to my attention by an order for substituted service

There are exceptional circumstances and a rehearing is fair and just

These circumstances are:
(Briefly state the reasons why you did not attend the hearing of the application)

Have you previously applied for a rehearing of this application?

Yes

No

Note – If you were granted a rehearing, and that application was struck out by the court, you will require leave of the court to make another application.

Leave to apply has been granted:

Yes

No

The application for rehearing will be heard at:

The Children's Court at:

on

Date of Hearing

at

Time Application Listed

Issued at:

Court Location

on

Date

Issued by:

Name

Title

Address

Please Note: The filing of this application for rehearing does not operate as a stay of the final order or an order declaring a person to be a vexatious litigant.

Affidavit

I _____

make oath / *affirm and say that the contents of my application are true and correct to the best of my knowledge.

(Under section 141 of The Evidence (Miscellaneous Provisions) 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)

Sworn/Affirmed at:

on _____ (date)

Signature of person making the affidavit

Before me

Name _____

Title _____

Address _____

(A person authorised under section 123C(1) of the Evidence (Miscellaneous Provisions) Act 1958 to take an affidavit.)

Certification*

I _____

certify that the information contained in this application is true and correct to the best of my knowledge.

I understand that making a certification knowing the document to be false in any particular constitutes an offence punishable by 120 penalty points

Certified at

on _____ (date)

Signature of person making certification

Name _____

Title/Rank _____

Court/ _____

Police Station _____

**For use by police and registrars only*

For further information contact your local Children's Court of Victoria or visit
www.childrenscourt.vic.gov.au