# 35D.

E-FORM

P.3, r.7 FJ(G)R 2024

## Written Complaint for Section 14 Protective Orders Section 17 Variation, Suspension or Revocation of Protective Orders

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court’s IFAMS system:

1. Section 14 Protective Orders under the Vulnerable Adults Act 2018.

(b) Variation, suspension or revocation of orders in paragraph 1(a).

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**APPLICATION NO.** [*For official use only*]

**NATURE OF APPLICATION** Select the applicable nature of application[[1]](#footnote-1)

### Section 1: Applicant’s Details

|  |  |  |
| --- | --- | --- |
| **APPLICANT’S PERSONAL PARTICULARS** | | |
| **NAME**  Enter name here | | |
| **ID NO.**  Enter ID No. here | | **ID TYPE**  Enter ID Type. here |
| **DATE OF BIRTH**  Enter date of birth here | **GENDER**  Enter gender here | **RELATIONSHIP WITH VULNERABLE ADULT**  Enter Applicant’s relationship with VA |

|  |  |
| --- | --- |
| **NATIONALITY** | Enter nationality here |
| **RACE** | Enter race here |
| **RELIGION** | Enter religion here |
| **EDUCATION** | Enter education here |
| **OCCUPATION** | Enter occupation here |
| **MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH** | Enter min. gross household income each month here |
| **MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH** | Enter max. gross household income each month here |
| **APPLICANT’S INCOME EACH MONTH** | Enter Applicant’s income each month here |
| **WILL THE APPLICANT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?** | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT’S CONTACT INFORMATION** | | | |
| **ADDRESS**  Enter address here | | | **ADDRESS TYPE**  Enter address type here |
| **EMAIL**  Enter email here | | | |
| **HOME TEL.**  Enter Home Tel. here | **MOBILE TEL.**  Enter Mobile Tel. here | **OFFICE TEL.**  Enter Office Tel. here | **FAX NO.**  Enter Fax No. here |
| **OTHER CONTACT INFORMATION**  Enter other contact information, if any | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **VULNERABLE ADULT’S PERSONAL PARTICULARS** | | | |
| **NAME**  Enter name here | | | **GENDER**  Enter gender here |
| **ID NO.**  Enter ID No. here | **ID TYPE**  Enter ID Type. here | **DATE OF BIRTH**  Enter date of birth here | **NATIONALITY**  Enter nationality here |

|  |  |
| --- | --- |
| **RACE** | Enter race here |
| **RELIGION** | Enter religion here |
| **EDUCATION** | Enter education here |
| **OCCUPATION** | Enter occupation here |
| **MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH** | Enter min. gross household income each month here |
| **MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH** | Enter max. gross household income each month here |
| **VULNERABLE ADULT’S INCOME EACH MONTH** | Enter Vulnerable Adult’s income each month here |
| **MENTAL CAPACITY** | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **VULNERABLE ADULT’S CONTACT INFORMATION** | | | |
| **ADDRESS**  Enter address here | | | **ADDRESS TYPE**  Enter address type here |
| **EMAIL**  Enter email here | | | |
| **HOME TEL.**  Enter Home Tel. here | **MOBILE TEL.**  Enter Mobile Tel. here | **OFFICE TEL.**  Enter Office Tel. here | **FAX NO.**  Enter Fax No. here |
| **OTHER CONTACT INFORMATION**  Enter other contact information, if any | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **RESPONDENT’S PERSONAL PARTICULARS** | | | |
| **NAME**  Enter name here | | | **GENDER**  Enter gender here |
| **ID NO.**  Enter ID No. here | **ID TYPE**  Enter ID Type. here | **DATE OF BIRTH**  Enter date of birth here | **NATIONALITY**  Enter nationality here |
| **RELATIONSHIP WITH VULNERABLE ADULT**  Enter Respondent’s relationship with VA | | | |

|  |  |
| --- | --- |
| **RACE** | Enter race here |
| **RELIGION** | Enter religion here |
| **EDUCATION** | Enter education here |
| **OCCUPATION** | Enter occupation here |
| **MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH** | Enter min. gross household income each month here |
| **MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH** | Enter max. gross household income each month here |
| **RESPONDENT’S INCOME EACH MONTH** | Enter Respondent’s income each month here |
| **WILL THE RESPONDENT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?** | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **RESPONDENT’S CONTACT INFORMATION** | | | |
| **ADDRESS**  Enter address here | | | **ADDRESS TYPE**  Enter address type here |
| **EMAIL**  Enter email here | | | |
| **HOME TEL.**  Enter Home Tel. here | **MOBILE TEL.**  Enter Mobile Tel. here | **OFFICE TEL.**  Enter Office Tel. here | **FAX NO.**  Enter Fax No. here |
| **OTHER CONTACT INFORMATION**  Enter other contact information, if any | | | |

### Section 2: Application Details

Select **only one** option.

**Option 1: Application for Protective orders**

1. Details of Abuse/Neglect Incident

Date: Enter date here at Enter time here, e.g. 10.45AM PM

Place: Enter location here

Brief details: Enter details here

Type:  Abuse  Neglect

Injuries sustained:

|  |
| --- |
| Enter brief details here |

1. I am seeking the following orders[[2]](#footnote-2):

Section 14(1)(e) Restraining Order for the Vulnerable Adult

Section 14(1)(f) Exclusion Order for the Vulnerable Adult

Section 14(1)(g) Non-Access Order for the Vulnerable Adult

Section 14(1)(h) Non-visitation / Non-communication Order for the Vulnerable Adult

Non-visitation Order

Non-communication Order

Section 15 Expedited Order for Section 14(1)(e) Restraining Order for the Vulnerable Adult

Section 15 Expedited Order for Section 14(1)(f) Exclusion Order for the Vulnerable Adult

Section 15 Expedited Order for Section 14(1)(g) Non-Access Order for the Vulnerable Adult

Section 15 Expedited Order for Section 14(1)(h) Non-visitation Order for the Vulnerable Adult

Section 15 Expedited Order for Section 14(1)(h) Non-communication Order for the Vulnerable Adult

1. Past Abuse/Neglect Incident(s):

|  |  |
| --- | --- |
| S/N | Enter serial number here |
| Date & Time | Enter date here at Enter time here, e.g. 10.45  AM  PM |
| Place | Enter details here |
| Brief details | Enter brief details here |
| Type | Abuse  Neglect |
| Injury sustained | Enter details here |

**Option 2: Variation/ Suspension/ Revocation of Protective orders**

1. I am seeking a  Select the applicable option[[3]](#footnote-3) of the following Protective Orders[[4]](#footnote-4) dated Enter date here

Section 14(1)(e) Restraining Order for the Vulnerable Adult

Section 14(1)(f) Exclusion Order for the Vulnerable Adult

Section 14(1)(g) Non-Access Order for the Vulnerable Adult

Section 14(1)(h)  Non-visitation /  Non-communication Order for the Vulnerable Adult

Section 14(1)(i) Counselling/ Directed Programme Order

Common details (only for Variation of Protective Orders)

1. Reason(s) for this application is as follows:

|  |
| --- |
| Enter reason(s) here |

1. I  have  have not lodged a previous complaint in Court in respect of this matter.

### Section 3: Declaration

The complaint is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

1. the options are: s.14 Protective Order / s.17 Variation of Protective Order / s.17 Suspension of Protective Order / s.17 Revocation of Protective Order [↑](#footnote-ref-1)
2. Select the applicable option. [↑](#footnote-ref-2)
3. the options are: Variation/ Suspension / Revocation. [↑](#footnote-ref-3)
4. Select the applicable option. [↑](#footnote-ref-4)