Protective Agreement - Enquiry

If you are a victim/survivor of crime and are interested in arranging a Protective Agreement, please complete this form and post or email it to us.

 Date:

|  |
| --- |
| Your Details:  |
| First name/s: |        | Surname:       |
| Phone number: |       |
| E-mail address: |       |
| Current Address: |       |
|       |

|  |  |  |
| --- | --- | --- |
| Are you of Aboriginal or Torres Strait Islander origin? | [ ]  No[ ]  Prefer not to say | [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander |

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| The Offence: |
| Type of offence: |       |
| Offender’s first name:  |       | Surname:       |
| Offender’s MIN No. (if known): |       | Offender’s Date of Birth (if known): |       |
| Has the offender been sentenced? | [ ]  Yes [ ]  No  | Is there an active AVO - Type 2? |  | [ ]  Yes[ ]  No  |

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| Arranging Contact: |
| A Restorative Justice facilitator can contact me by: | [ ]  Phone (please answer the questions below)[ ]  Email[ ]  Post |
| The best time of day to phone me:  |       |
| Do not call me on these day(s):  |       |
| I will need a translator to speak with you on the phone: | [ ]  No[ ]  Yes, and my language is:        |
| I will need assistance to speak on the phone (please give details): |        |

*If you have filled out this form on behalf of the victim/survivor, please complete the following:*

|  |
| --- |
| Representative’s Details |
| First name/s: |        | Surname:       |
| Phone number: |       |
| E-mail address: |       |
| Relationship: |       |
| Organisation: |       |

**END OF FORM**