Request for Approval and Registration  
Online Restraining Order Application Form

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| Private Practitioner Application |
| Given name:  Family name:  Address:  Phone:  Email: |
| I have read and understand the [Conditions of Use](https://ecourts.justice.wa.gov.au/eCourtsPortal/Home/ConditionsOfUse) associated with using the eCourts Portal and agree to abide by them.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |

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| Law Firm Application  Note: A law firm application must be approved by a senior legal or administrative representative of the law firm |
| Business name:  Business address:  Approver name:  Approver title  Approver email:  Phone: |
| I have read and understand the eCourts Portal [Conditions of Use](https://ecourts.justice.wa.gov.au/eCourtsPortal/Home/ConditionsOfUse) and agree to abide by them. I certify that the users listed below at Attachment A have a legitimate purpose for the access requested, and that those users will comply with the eCourt Portal [Conditions of Use](https://ecourts.justice.wa.gov.au/eCourtsPortal/Home/ConditionsOfUse).  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |

**Please email completed form to** [**crt-mc-managementgroupforms@justice.wa.gov.au**](mailto:crt-mc-managementgroupforms@justice.wa.gov.au)

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**Admin:**

**Approved/Not approved** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of delegated authority

# Attachment A

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| Users requiring Access to Online Restraining Order Application Portal | | | |
| Solicitor | Paralegal / Admin staff | Email address | Already registered on eCourts Portal? |
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