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 ApplicationNote: 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**

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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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