Recovery Order
Family Law Information Sheet

RECOVERY ORDERS

A Recovery Order is defined in section 67Q of the *Family Law Act 1975 (Cth)*. It is an order of the Court that can require a child be returned to a parent of the child, person who has a parenting order that states the child lives with, spends time with or communicates with that person, or a person who has parental responsibility for the child.

A Recovery Order can authorise or direct a person or persons, such as police officers, to take appropriate action to find, recover and deliver a child to one of the people listed above. As well, a Recovery Order can provide directions about the day-to-day care of a child until the child is returned or delivered.

Note: Police will not generally recover a child, except in exceptional circumstances, until you are able to receive the child and are close by. This means you may need to travel to collect the child when he or she may be recovered.

For further information, see www.familylawcourts.gov.au

INSTRUCTIONS FOR COMPLETING THIS FORM

This form is to be completed by the applicant, or their legal representative, in proceedings where a Recovery Order has been issued under section 67Q of the *Family Law Act 1975 (Cth)*.

Once complete, the information contained herein may be made available by the AFP to the Marshal, Australian & overseas law enforcement agencies as well as State, Territory and Commonwealth Government agencies in order to facilitate the execution of orders.

Failures to fully complete this form my delay the actioning of your orders.

Photographs of the child/ren can be emailed to AOCC-Family-Law@afp.gov.au

FURTHER INFORMATION

You can seek legal advice from a legal aid office, community legal centre or private law firm. If you are an Aboriginal or Torres Strait Islander, you can also contact your local Aboriginal or Torres Strait Islander legal service.

AFP staff can help you with questions about completing this form and the recovery process, but cannot give you legal advice.

If you need further information, please do not hesitate to contact the AFP.

AFP Operations Coordination Centre
Australian Federal Police
GPO Box 401, Canberra, ACT, 2601

Telephone: (02) 6126 7777
Fax: (02) 6126 7126
Email: AOCC-Family-Law@afp.gov.au

COURT PROCEEDINGS

File No		Next Hearing date (dd/mm/yyyy)	
Court			
This form completed by			

APPLICANT

Full name			Date of birth (dd/mm/yyyy)	
Relationship to child			Drivers licence	
Residential address				
Work address				
	Telephone		Mobile	
	Work		Email	
Lawyer			Firm	
Do you require an interpreter?	☐ Yes ☐ No *if Yes, state language and dialect			

INDEPENDENT CHILD LAWYER

Full name			Firm	
Work address				
	Telephone		Mobile	
	Work		Email	

RESPONDENT

Full name			Date of birth (dd/mm/yyyy)	
Relationship to child			Passport (if known)	
Residential address				
Usual occupation			Employer	
Work address				
	Telephone		Mobile	
	Work		Email	
Vehicle make / model / colour			Vehicle Rego	
Lawyer			Firm	

INFORMATION ABOUT THE RESPONDENT / OTHER PARTY

* if you answer YES to these questions , please provide further information on the following page, under "Information about the Respondent / Other Party".

Is the respondent / other party aware of this Recovery Order ?	■ Yes	■ No
Is the respondent / other party known to Police ?	■ Yes *	■ No
Does the respondent / other party have any history of : violence	■ Yes *	■ No
illicit substance use	■ Yes *	■ No
self-harm	■ Yes *	■ No
Has the respondent / other party been subject of a *Domestic Violence Order* or *Apprehended Violence Order* ?	■ Yes *	■ No
Does the respondent / other party own or have access to weapons, including firearms ?	■ Yes *	■ No
Is the respondent / other party currently taking any prescribed medication ?	■ Yes *	■ No
Is the respondent / other party affiliated with any Outlaw Motor Cycle Gangs ?	■ Yes *	■ No
Does the respondent / other party have any other children from another relationship ?	■ Yes *	■ No
Does the respondent / other party frequent any place, such as clubs, tertiary campuses, place of volunteer etc ?	■ Yes *	■ No
Does the respondent / other party have any friends or relatives interstate ?	■ Yes *	■ No
Does the respondent / other party have any friends or relatives overseas ?	■ Yes *	■ No
Does the respondent / other party have any bank accounts ?	■ Yes *	■ No
Does the respondent use : Facebook	■ Yes	■ No
Twitter	■ Yes	■ No
Other social networking	■ Yes *	■ No
Does the respondent / other party require an interpreter?	■ Yes (*if yes, state the language and dialect)	■ No
Does the respondent / other party have a partner / spouse ?	■ Yes *	■ No

RESPONDENT'S SPOUSE / PARTNER DETAILS

Full name			Relationship to child	
Residential address				
Usual occupation			Employer	
Workplace & address				
	Telephone		Mobile	
	Work		Email	
Vehicle make / model / colour			Vehicle Rego	

INFORMATION ABOUT THE RESPONDENT / OTHER PARTY (Continued)

CHILD DETAILS (if more space is required for extra children, copy and attach an extra page)

Full name		Date of birth (dd/mm/yyyy)	
Gender		Passport No	
Residential address			
	Telephone	Mobile	
	Email		

HELPFUL INFORMATION ABOUT THE CHILD

* if you answer YES to these questions , please provide further information on the following page, under "Information about the Childr/ren".

Does the child have any history of :	violence	■ Yes *	■ No
	illicit substance use	■ Yes *	■ No
	self-harm	■ Yes *	■ No
Does the child have any special needs ?		■ Yes *	■ No
Is the child currently taking any prescribed medication ?		■ Yes *	■ No
Does the child use :	Facebook	■ Yes	■ No
	Twitter	■ Yes	■ No
	Other social networking	■ Yes *	■ No

POSSIBLE LOCATIONS OF THE CHILD / REN

Full name		Date of birth	
Relationship to child			
Address			
	Telephone	Mobile	
	Email		
School			
School address			
	Principal	Telephone	

HELPFUL INFORMATION ABOUT THE CHILD/REN (Continued)

AFFIDAVIT OF APPLICANT

PLEASE DO NOT COMPLETE THIS PART OF THE FORM UNTIL YOU ARE WITH A PERSON WHO IS LEGALLY ABLE TO WITNESS YOUR SIGNATURE.

You must complete the following affidavit. You must sign it in the presence of a Justice of the Peace, Notary public, or lawyer. The person witnessing the affidavit will fill in the place and date.

I, _____ (full name) of
_____ (address)
swear* /affirm* that:

1. I am the applicant in relation to this Recovery Order.

2. I have read this information sheet and the facts of which I have personal knowledge are true and correct. All other facts are true to the best of my knowledge, information and belief.

3. I will immediately notify the Australian Federal Police of any changes to the above information.

4. I acknowledge that the information contained herein may be made available by the AFP to the Marshal, Australian & overseas law enforcement agencies as well as State, Territory and Commonwealth Government agencies in order to facilitate the execution of orders.

5. In the event of the whereabouts of the subject child/ren becoming known or suspected by the Marshal, Australian Federal Police or State and Territory Police, I will be required to attend at such place and time (to be advised) to take delivery of the subject child/ren.

6. I understand that all costs incurred in effecting the delivery (ie. travel, sustenance for myself, my agent and the child/ren) will be borne by me and will not be met by the Commonwealth, the Australian Federal Police or any State or Territory Police service.

7. I acknowledge that I have read and fully understand the above obligations and will fulfil them.

Signature of applicant			
Place		Date (dd/mm/yyyy)	

Before me:

Signature of Witness		Date (dd/mm/yyyy)	
Full name of Witness			

☐ Justice of the Peace ☐ Notary Public ☐ Lawyer