



Recovery Order Information Sheet

Print Form



RECOVERY ORDERS

A Recovery Order is an order of a Court issued pursuant to section [67U](#) of the [Family Law Act 1975 \(Cth\)](#). If you would like more information about Recovery Orders, you may wish to read the Family Law Courts fact sheet '[Recovery Orders](#)' which provides further information.

The AFP will only accept and act upon a Recovery Order from the issuing Court. The AFP receives all Recovery Orders issued by all Courts across Australia, with the exception of Western Australia. If your Recovery Order was issued in WA, please contact the WA Police.

The AFP requires this completed Recovery Order Information Sheet to enable an effective response to the Recovery Order.

Note: Police will not generally recover a child, except in extraordinary circumstances, until the person to whom the child is to be returned is in a position to receive the child and is close by.

For further information, see www.familylawcourts.gov.au or the AFP's [Family Law Kit](#).

INSTRUCTIONS FOR COMPLETING THIS FORM

To prevent delay in processing the Recovery Order, it is suggested that as much information as possible is provided. If submitting this electronically there are mandatory sections that must be completed before the form can be submitted.

This form is to be completed by the applicant, or their legal representative, in proceedings where a Recovery Order has been issued. Once complete, the information contained herein may be made available by the AFP to the Marshal of the Family Court, Australian Border Force, Australian & overseas law enforcement agencies as well as State, Territory and Commonwealth Government agencies in order to facilitate the execution of the orders.

Legal Assistance

You may wish to seek legal assistance 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.

Privacy

The AFP collects, holds, uses and discloses personal information for purposes which are directly related to our functions or activities as set out in section 8 of the [Australian Federal Police Act 1979 \(Cth\)](#) and the [Ministerial Direction](#), and only when it is necessary or directly related to such purposes.

The AFP is also subject to the Australian Privacy Principles as contained in section 14 of the [Privacy Act 1988 \(Cth\)](#). Please see the [AFP Privacy Policy](#) for information on how the AFP complies with its obligations.

In addition, section [121](#) of the [Family Law Act 1975 \(Cth\)](#) creates obligations regarding disclosure or publication of Court proceedings and related information. Police can only discuss specific family law matters with immediate parties to the proceedings, or their lawyer. If you would like more information about section [121](#), you may wish to read the Family Courts fact sheet '[Publication Orders and Section 121 of the Family Law Act 1975](#)' which provides further information.

COURT PROCEEDINGS

Court File Number: Next Court date:
Issuing Court:

Details of any other proceedings that may impact or be relevant to this recovery order, including family violence.

APPLICANT

Full Name: Date of Birth:
Relationship to Child: Drivers Licence:
Primary Phone : Alternate Phone:
Residential Address:
Lawyer: Lawyer Phone:
Is an Interpreter required: No Yes If yes, state language or dialect:

INDEPENDENT CHILD LAWYER

Complete the following if you are the Independent Child Lawyer (ICL), or if an ICL is involved in these proceedings.

Full name: Telephone:
Email: Mobile:
Firm:
Work Address:

RESPONDENT (OTHER PARTY)

Full name:		Date Of Birth:	
Relationship to Child:		Passport:	
Primary Phone:		Alternate Phone:	
Email Address:			
Residential Address:			
Employer:		Occupation:	
Work Address:			
Vehicle color, year, make & model:		Vehicle Rego:	
Lawyer:			

INFORMATION ABOUT THE OTHER PARTY / RESPONDENT

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is the Respondent (other party) aware of this Recovery Order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the Respondent known to Police? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the Respondent have any history of violence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the Respondent have any history of illicit substance use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the Respondent have any history of self-harm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has the Respondent been subject of a <i>Domestic Violence Order</i> or <i>Apprehended Violence Order</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the Respondent own or have access to weapons, including firearms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is the Respondent currently taking any prescribed medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is the Respondent affiliated with any Criminal Organisations or Outlaw Motor Cycle Gangs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Does the Respondent have any other children from another relationship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does the Respondent have any friends or relatives interstate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the Respondent have any friends or relatives overseas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Does the Respondent have any bank accounts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Does the Respondent use Facebook, Twitter or other social media? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Does the Respondent require an interpreter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Does the Respondent have a partner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered YES to any of these questions, please provide details under "Further information about the Respondent & Partner".

RESPONDENT'S PARTNER (If Known)

Full name:	<input type="text"/>	Date Of Birth:	<input type="text"/>
Relationship to Child:	<input type="text"/>	Passport:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternate Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Residential Address:	<input type="text"/>		
Employer:	<input type="text"/>	Occupation:	<input type="text"/>
Work Address:	<input type="text"/>		
Vehicle color, year, make & model:	<input type="text"/>	Vehicle Rego:	<input type="text"/>
Lawyer:	<input type="text"/>		

FURTHER INFORMATION ABOUT THE RESPONDENT & PARTNER

CHILD/RENS DETAILS

Child's Full name:	Date Of Birth:	Gender:	Passport Number:	School:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HELPFUL INFORMATION ABOUT THE CHILD/REN

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does any child have any history of violence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does any child have any history of illicit substance use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does any child have any history of self-harm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does any child have any special needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is any child currently taking any prescribed medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does any child use Facebook, Twitter or other social media? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does any child have a mobile phone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered YES to any questions, please provide details below under "Information about the Child".

INFORMATION ABOUT THE CHILD/REN

POSSIBLE LOCATIONS OF THE CHILD/REN

DECLARATION

- I am / represent the applicant in relation to this Recovery Order.
- I have read this information sheet and the facts of which are true and correct.
- I or my client will immediately notify the Australian Federal Police of any changes to the above information.
- I acknowledge that the information contained herein may be made available by the AFP to the Marshal of the Family Court, the Australian Border Force, Australian & overseas law enforcement agencies as well as other State, Territory and Commonwealth Government agencies in order to facilitate the execution of your orders.
- In the event of the whereabouts of the child becoming known or suspected by the Marshal, Australian Federal Police or State and Territory Police, the applicant will be required to attend at such place and time to take delivery of the child.
- I understand that all costs incurred in effecting the delivery (e.g. travel, sustenance etc. of the applicant and child) will be borne by the applicant and will not be met by the Commonwealth, the Australian Federal Police or any State or Territory Police service.

I **declare that the information I have given in this document is true and correct to the best of my knowledge. I understand that it is an offence to knowingly give false or misleading information contrary to section 137.1 of the *Criminal Code 1995* (Cth), an offence punishable by a term of imprisonment of 12 months.**

Signature:

Date:

Name:

Position:

Address:

[Submit Form](#)

or email Family.law@afp.gov.au with this form and the Recovery Order attached