

Form G 7

**Information sheet to accompany certain applications  
(including certain applications made without notice)**

In the Family Court  
at .....  
*[place]* FAM No: .....

This information sheet accompanies for the following order(s):

- 1. .... 2. ....
- 3. .... 4. ....
- 5. .... 6. ....

Applicant's full name: .....

Occupation: .....

Date of birth: .....

Age: .....

Gender: .....

Ethnic group: *[select the box or boxes which apply]*

New Zealand European

Maori

Samoan

Cook Island Maori

Tongan

Niuean

Chinese

Indian

Other [*Dutch, Japanese, Tokelauan, etc.*]

Please state: .....

Interpreter required:

*[select the option that applies]*

yes

no

If yes, specify language: .....

\*Home address: .....

\*Work address: .....

\*Contact telephone number(s):

..... *[home]* ..... *[work]*

\*Country of residence: .....

Relationship of applicant to any children affected by the application *[if none write "none" on line 1]*: (for example, parent, guardian, spouse or partner of a parent, family member (specify), donor).

Full name of child

Relationship of respondent to child

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

\*The applicant may delete these items from the copies to be served.

Full name of other party (or other applicant [*in the case of a join application*]):

.....

Relationship, if any, to applicant (or other applicant): (for example, married to, or in a de facto relationship with, the applicant, or other applicant, even if they are currently separated).

.....

Occupation: .....

Date of birth: .....

Age: .....

Gender: .....

Ethnic group: [*select the box or boxes which apply*]

New Zealand European

Maori

Samoan

Cook Island Maori

Tongan

Niuean

Chinese

Indian

Other [*Dutch, Japanese, Tokelauan, etc.*]

Please state: .....

Interpreter required:

[*select the option that applies*]

yes

no

If yes, specify language: .....

Home address: .....

Work address: .....

Contact telephone number(s):

..... [*home*] ..... [*work*]

Country of residence: .....

Relationship of applicant to any children affected by the application [*if none write "none" on line 1*]: (for example, parent, guardian, spouse or partner of a parent, family member (specify), donor).

Full name of child	Relationship of respondent to child
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

[*Complete this section if the applicant and respondent are married to each other or are in a de facto relationship, or if joint applicants are married to each other or in a de facto relationship, even if currently separated*]

Date of marriage or civil union: ..... [*date*]

Place of marriage or civil union: ..... [*place*]

**or**

Date by which de facto relationship had begun: ..... [*date*]

Children affected by the application: [*if none write "none" on line 1*]

Full name of each child.	Date of birth	Name of person with whom each child is living at the time of application, and the relationship (if any) of that person to the child.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

The accompanying applications are filed by

..... [*full name*]

whose address for service is at

..... [*address*]

Previous applications:

*[give the file number of any previous applications between the parties, and the Courts where they were filed]*

For Court use:

Date Stamp: