



**PROVINCIAL COURT OF NEWFOUNDLAND AND LABRADOR  
Family Violence Protection Rules  
FAX COVER SHEET**

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**TO:**

**FROM:**

<b>Name:</b> _____
<b>Address:</b> _____ _____
<b>Tel. #:</b> _____
<b>Fax #:</b> _____

<b>Name:</b> _____
<b>Address:</b> _____ _____
<b>Tel. #:</b> _____
<b>Fax #:</b> _____

<b>APPLICANT:</b>	<b>RESPONDENT:</b>
<b>DOB:</b>	<b>DOB:</b>
<b>POLICE FILE # (if known):</b>	<b>COURT LOCATION:</b>

**NUMBER OF PAGES INCLUDING THIS COVER:** \_\_\_\_\_

*This message is intended only for the individual or entity to whom it is addressed and may contain privileged and confidential information. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.*

*In the event this transmission is not received or page count is inaccurate, please contact*

\_\_\_\_\_ at \_\_\_\_\_  
*Name of Sender Telephone Number*