

GPO Box 651  
BRISBANE QLD 4001



**Australian Government**  
**Department of Veterans' Affairs**

## STATEMENT OF DOMESTIC CIRCUMSTANCES

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

1. Date of separation  /  (Year only if more than 2 years ago)
2. Does your former veteran partner still live with you in the same residence?  No  Yes
3. Are you divorced from your veteran partner?  No  Yes.
4. Are you currently in a de facto relationship with another person?  No  Yes.
5. Is the separation subject to:
- |                    |                          |   |
|--------------------|--------------------------|---|
| Maintenance Order  | <input type="checkbox"/> | } Please attach a copy if you still have the original documentation |
| Court Order        | <input type="checkbox"/> |   |
| Deed of Separation | <input type="checkbox"/> |   |
| None of the above  | <input type="checkbox"/> |   |
6. Have you ever taken out an Apprehended Violence Order (AVO) or equivalent against your former veteran partner?  No  Yes - Please attach a copy if you still have the original

7. In the relationship with your former partner, were you ever:

- fearful for your safety or that of your children       No       Yes
- subjected to physical abuse or violence       No       Yes
- subjected to psychological or emotional abuse, or social isolation       No       Yes
- threatened or oppressed       No       Yes

8. Can we contact you by telephone to discuss this form?

- No
- Yes - what is your phone number

(      )

Is there any other information you would like to provide to assist us with the assessment of your situation?  
*(Optional. Use a separate sheet if you wish)*

**Declaration**

This statement must be signed by you.

**I declare that the information I have given in this form is true and correct.**

**I am aware that there are penalties for deliberately giving false or misleading information.**

**I am aware that giving false or misleading information could result in the cancellation of any future pension payments.**

Your signature

/ /  
date