

Family violence statutory declaration – prescribed person

(Qualifying evidence under regulation 8(b) of the Residential Tenancies (Termination for Physical Assault by Tenant and Withdrawal Following Family Violence) Regulations 2022)

I
(Full name of person making declaration)

(Occupation of person making declaration)

Please also select one of the following options (select the most relevant option if more than one applies):

- | | |
|--|---|
| <input type="checkbox"/> a medical practitioner registered with the Medical Council of New Zealand | <input type="checkbox"/> a person employed or engaged to carry out work for a Māori community provider that receives Crown funding |
| <input type="checkbox"/> a nurse registered with the Nursing Council of New Zealand | <input type="checkbox"/> a Māori Warden appointed under the Māori Community Development Act 1962 |
| <input type="checkbox"/> a midwife registered with the Midwifery Council | <input type="checkbox"/> a Police employee within the meaning of section 4 of the Policing Act 2008 |
| <input type="checkbox"/> an osteopath registered with the Osteopathic Council | <input type="checkbox"/> a person appointed to be, or designated as, a probation officer under section 24 of the Corrections Act 2004, including a person exercising only some of the functions or powers of a probation officer under that Act |
| <input type="checkbox"/> a psychologist registered with the Psychologists Board | <input type="checkbox"/> a barrister or solicitor within the meanings of those terms in section 6 of the Lawyers and Conveyancers Act 2006 |
| <input type="checkbox"/> a psychotherapist registered with the Psychotherapists Board | <input type="checkbox"/> a principal or other professional leader within the meaning of section 10 of the Education and Training Act 2020 |
| <input type="checkbox"/> a social worker registered with the Social Workers Registration Board | <input type="checkbox"/> a leader of a religious community who has a status within a church or other religious community that requires or calls for that person to provide guidance or service for that community |
| <input type="checkbox"/> a counsellor who is a member of the New Zealand Association of Counsellors Incorporated or the New Zealand Christian Counsellors Association | <input type="checkbox"/> the withdrawing tenant's employer |
| <input type="checkbox"/> a person employed or engaged to carry out work for a non-government organisation that provides services relating to family violence and sexual violence | <input type="checkbox"/> the withdrawing tenant's landlord or the withdrawing tenant's landlord's agent |
| <input type="checkbox"/> a care and support worker who is employed or engaged to carry out work that includes going to the home or residence of another person to provide care and support services that are funded by the Crown | |
| <input type="checkbox"/> a person employed or engaged to carry out work for an organisation that receives funding from a Whānau Ora commissioning agency to provide services and support to whānau | |

Of
 (address of person making declaration)

solemnly and sincerely declare that I have reasonable grounds to believe that

(name of withdrawing tenant)
has been or their child/dependant has been a victim of family violence during their current tenancy.

For tenancy advice and information visit www.tenancy.govt.nz or call **0800 TENANCY (0800 836 262)**.



MINISTRY OF BUSINESS,
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And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Do not complete the following section until you are with the person witnessing your declaration.

Witness: A declaration must be made before a person entitled to witness a declaration under s9 of the Oaths and Declarations Act 1957. This includes a barrister and solicitor of the High Court, a Justice of the Peace, a notary public, the Registrar or Deputy Registrar of the High Court or of any District Court and a Member of Parliament.

Signature:

(of person making declaration)

Declared at:

(place, for example town or city)

Date:

DD	/	MM	/	YYYY
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Before me:

(name of official witness)

Signature of official witness:

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