

COUNSELLING CERTIFICATE FOR APPLICANTS MARRIED LESS THAN 2 YEARS

Attach this certificate to the back of the Application for Divorce

Part A The parties

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| 1. Applicant (names as used now) | Family name Chandran Given names Amrita |
| 2. Applicant 2/ Respondent (names as used now) | Family name Chandran Given names Kunal |
| 3. Date of marriage (day / month / year) | 27/11/20XX |
| 4. Date of separation (day / month / year) | 19/03/20XX |

Part B Family counsellor or other specified person

| | |
|-----------------------------------|--|
| 5. Name | Family name Johnson Given names William |
| 6. Organisation | Marriage Counselling Australia |
| 7. Address of organisation | 123 Counsellor Street, EPPING NSW 2121 |
| 8. Details of counselling | No counselling was provided |

Part C Certificates – complete one section only

Section 44(1B) Family Law Act 1975

I certify that both the Applicant and Applicant 2/Respondent attended the counselling set out in question 8 and considered reconciliation.

Section 44(1C) Family Law Act 1975

I certify that:

- (a) Only the applicant applicant 2/respondent attended the counselling set out in question 8 and considered reconciliation, and
- (b) The applicant applicant 2/respondent was invited to attend the counselling to consider reconciliation but did not.

| | |
|-----------|----------------------------------|
| Signature | Signature <i>William Johnson</i> |
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Full name

William Johnson

Full name

Position

Psychologist

Position

Date / /

Date **01/02/ 20XX**