



# Notice of Application for Suppression Order

**Form 42B** Rule 66(3) of the *Coroners Court Rules 2019*  
Section 10 of the *Open Courts Act 2013*

## Form instructions

### Completing the form

This form is to request information from the Coroner's Court of Victoria. Please carefully follow the instructions below.

### Ways of sending the form to the Coroner's Court of Victoria



#### Mail form to this address

Coroners Court of Victoria  
65 Kavanagh Street, Southbank,  
VIC 3056 Australia

OR



#### Email

Scan completed form and email to  
[courtadmin@courts.vic.gov.au](mailto:courtadmin@courts.vic.gov.au)  
or to specific team email address if known.

### Having trouble completing the form?

Please ring the court on [1300 309 519](tel:1300309519)



### Court Reference Number

Add Court Reference number here if known	
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### Details of applicant

Title (Mr, Mrs, Ms, Dr, etc.)		
Surname *		
Given name *		
Organisation *		
Agent <i>[Please attach a signed authority from the senior next of kin or interested party]</i>		
Email or postal address *	<input type="checkbox"/> Email Address	
	<input type="checkbox"/> I do not have an email address. Enter a postal address	
DX address (if applicable)		
Contact number		
Relationship to deceased *		

\* Mandatory fields

**Details of legal representative (if applicable)**

In completing this section (Legal Representative) all requested documents will be released to the legal representative listed here

<b>Title</b> (Mr, Mrs, Ms, Dr, etc.)	
<b>Surname</b>	
<b>Given name</b>	
<b>Firm/Organisation (if applicable)</b>	
<b>Position held</b>	
<b>Email address</b>	
<b>Postal address</b>	
<b>DX address (if applicable)</b>	
<b>Contact number</b>	



Details of deceased (if applicable)	
Surname	
Given name	
Also known as	
Date of birth (if known) e.g. 01/01/1970	
Age (if known) e.g. 50 years	
Date of death (if known) e.g. 01/01/1970	
Place of death (if known) e.g. Hospital, Suburb or Address	

Details of fire (if applicable)	
Location of fire	
Date of fire (if known) e.g. 01/01/1970	
The above date is	<input type="checkbox"/> The exact date <input type="checkbox"/> An approximate date



**Details of application**

**Documents, materials, names or other information over which suppression is sought \***

*[Specify precise details of documents, materials, names or other information and the extent to which suppression is sought]*

**Grounds for application**

**I am requesting the above documents, materials, names, or other information be suppressed on the grounds that \***

Disclosure would be likely to be prejudice the fair trial of a person

Disclosure would be contrary to the public interest

**Factual and legal basis to support grounds for application \***

*[Attach additional page if insufficient space]*

\* Mandatory fields



**Confirmation & acknowledgement**

- I am the person identified in the Details of Applicant section of this form.
- All information provided in this application, including supporting documents, is true and correct to the best of my knowledge.
- I am aware of the requirements under section 10(1) of the *Open Courts Act 2013* to provide notice of this application to the Coroners Court and the parties on the record in the proceeding to which the application relates.
- I understand that the Coroners Court will provide a copy of this application to any relevant news media organisations.

**Signature of Applicant \***

**Date of submission**

..... / ..... / .....

\* Mandatory fields