|  |  |
| --- | --- |
| A picture containing linedrawing, ceramic ware, porcelain  Description automatically generated |  |
| **Request to Investigate Fire**  **Form 16** Rule 42(1)  Sections 30 and 31 of the Coroners Act 2008 | |
|  | |

# 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 | Icon  Description automatically generated with low confidence | 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

|  |  |
| --- | --- |
| Court Reference Number | |
| **Add Court Reference number here if known** |  |

|  |  |  |
| --- | --- | --- |
| Details of applicant | |  |
| Title (Mr, Mrs, Ms, Dr, etc.) |  | |
| Surname \* |  | |
| Given name \* |  | |
| Organisation (if applicable) \* | Country Fire Authority | |
| Metropolitan Fire and Emergency Services Board | |
| Other  Please specify |  |
| Email or postal address \* | Email Address |  |
| I do not have an email address.  Enter a postal address |  |
| Contact number |  | |

\* 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 |

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

|  |  |  |
| --- | --- | --- |
| Details of fire (if applicable) | |  |
| Location of fire \* |  | |
| Date of fire (if known) e.g. 01/01/1970 |  | |
| The above date is | The exact date | An approximate date |

|  |  |  |
| --- | --- | --- |
| Reasons for application | |  |
| Provide reasons here for the application \* | Insert the detail of reasons | |
| **Attaching further information**  Please include relevant information to support your request by attaching to email or including with posted application. If you are a legal representative, please include your authority to act. | | |

\* Mandatory fields

|  |  |
| --- | --- |
| Confirmation & acknowledgement |  |

|  |  |
| --- | --- |
| **Confirmation** I confirm all of the information provided in this form and supporting documents, is to the best of my knowledge, true and correct. | |
| **Acknowledgment** I acknowledge my name may be disclosed to the deceased’s senior next of kin (should the coroner considers it appropriate to do so), which may be necessary for my application to be processed. | |
| Signature of Applicant \* | Date of submission  …… /…… /………… |

\* Mandatory fields