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| A picture containing linedrawing, ceramic ware, porcelain  Description automatically generated |  |
| 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** | **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 \*** |  | |
| **Agent**  *[Please attach a signed authority from the senior next of kin or interested party]* |  | |
| **Email or postal address \*** | Email Address |  |
| I do not have an email address.  Enter a postal address |  |
| **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 | |
| **Title** (Mr, Mrs, Ms, Dr, etc.) |  |
| **Surname** |  |
| **Given name** |  |
| **Firm/Organisation (if applicable)** |  |
| **Position held** |  |
| **Email address** |  |
| **Postal address** |  |
| **Contact number** |  |

|  |  |  |
| --- | --- | --- |
| 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** | The exact date | 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