



Coroners Court
of Victoria

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



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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
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

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	<input type="checkbox"/> The exact date <input type="checkbox"/> An approximate date



Details of application	
<p>Documents, materials, names or other information over which suppression is sought *</p> <p><i>[Specify precise details of documents, materials, names or other information and the extent to which suppression is sought]</i></p>	

Grounds for application	
<p>I am requesting the above documents, materials, names, or other information be suppressed on the grounds that *</p>	<p><input type="checkbox"/> Disclosure would be likely to be prejudice the fair trial of a person</p> <p><input type="checkbox"/> Disclosure would be contrary to the public interest</p>
<p>Factual and legal basis to support grounds for application *</p> <p><i>[Attach additional page if insufficient space]</i></p>	

* 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