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| A picture containing linedrawing, ceramic ware, porcelain  Description automatically generated |  |
| Application to set aside finding  **Form 43** Rule 70(1) of the *Coroners Court Rules 2019*  Section 77 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)** |  | |
| **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 | |  |
| **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 |

\* Mandatory fields

|  |  |  |
| --- | --- | --- |
| Details of finding | |  |
| **Coroner’s name** |  | |
| **Date of finding** e.g. 01/01/1970 |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Details of the order sought | | | | |  |
| **Request that the Coroner set aside** e.g. Supporting documentation |  | All of the findings |  | The following particular findings | |
| **Details of particular findings** Please include relevant details if *'The following particular findings*' option has been selected.  Examples of parts of findings may include – background, deceased, identity, medical cause of death or circumstances of death. |  | | | | |

\* Mandatory fields

|  |  |  |
| --- | --- | --- |
| 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. | | |

|  |  |
| --- | --- |
| 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. | |
| **NOTE:** Under Section 77(2) of the *Coroners Act 2008*, if the Coroners Court is satisfied that there are new facts and circumstances that make it appropriate to do so, it may order that some or all of the findings be set aside, with or without re-opening the investigation | |
| **Signature of Applicant \*** | **Date of submission**  …… /…… /………… |

\* Mandatory fields