|  |  |
| --- | --- |
| A picture containing linedrawing, ceramic ware, porcelain  Description automatically generated |  |
| Application for Access to Coronial Documents or Inquest Transcript  **Form 45** Rule 78(3) of the *Coroners Court Rules 2019*  Section 115 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) |  | |
| 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 |  |

\* Mandatory fields

|  |  |  |
| --- | --- | --- |
| 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 documents sought | | |  |
| Documents sought |  | Medical examiner’s report/Toxicology report Details of the autopsy/inspection result, where available | |
|  | Coronial brief  Not applicable to all cases; includes witness statements and other relevant investigative material | |
|  | Coroner’s finding  The coroner's "final report" | |
|  | Other | |
|  | Details of documents sought: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Category of request | | |  |
| I am requesting the above documents as/for: (tick applicable box) |  | An interested party claiming to have sufficient interest in the document | |
|  | A statutory body (for the purpose of exercising a statutory function) | |
|  | A member of the police force (for law enforcement purposes) | |
|  | A person who is conducting research approved by an appropriate human research ethics committee (attach supporting documents) | |
|  | The document is required for the public interest | |
|  | A person with a sufficient interest | |
|  | Media purposes *Please detail purpose of request and how documents sourced are in the*  *public interest under the Reason for Application section* | |

|  |  |  |
| --- | --- | --- |
| Form of access | |  |
| How would you like to access the information? | I wish to inspect the document(s) | |
| I require a copy of the document(s) | |

|  |  |  |
| --- | --- | --- |
| 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. | |
| **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.  **NOTE:** The applicant may be required to pay processing charges in respect of the application. If so, a statement of charges will be provided to the applicant. | |
| Signature of Applicant \* | Date of submission  …… /…… /………… |

\* Mandatory fields