Section 115 of the Coroners Act 2008



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*

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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



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



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	e)	
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				
Calegory 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)		
		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 & acknowled	gement					
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