|  |  |
| --- | --- |
| A picture containing linedrawing, ceramic ware, porcelain  Description automatically generated |  |
| Request for Consideration of Concerns  This form is for families to submit their concerns for matters that  fit within the coronial scope. | |
|  | |

# 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 |  |

\* 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 |

|  |  |  |
| --- | --- | --- |
| Details of concerns | |  |
| Provide a detailed description of your concerns \* | Insert the detail of reasons | |
| Date of finding  e.g. 01/01/1970 |  | |
| **Upload 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. | | |

\* Mandatory fields

|  |  |
| --- | --- |
| 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.  I confirm that I have contacted the health service/provider (if applicable) to discuss my concerns.  I confirm that I have read the ‘*Which organisation is most appropriate for you concerns?*’ | |
| **Acknowledgment** I acknowledge that my name may be disclosed to the deceased’s senior next of kin (if the coroner considers it appropriate to do so), which may be necessary for my application to be processed. | |
| Signature of Applicant \* | Date of submission  …… /…… /………… |

\* Mandatory fields