



Application for Access to or Release of Seized, Taken or Received Thing or Sample

Form 34 Rule 60(3) and 62(2) of the *Coroners Court Rules 2019*
Section 114 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



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 (if applicable)		
Email or postal address *	<input type="checkbox"/> Email Address	
	<input type="checkbox"/> I do not have an email address. Enter a postal address	
DX address (if applicable)		
Contact number		
Relationship to deceased (if any)		

* 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	
DX address (if applicable)	
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	<input type="checkbox"/> The exact date <input type="checkbox"/> An approximate date

* Mandatory fields



I request under section 114 of the Coroners Act 2008 that the following thing(s) or sample(s) be accessed by or released to

How would you like to access the information?		<input type="checkbox"/> Accessed by	<input type="checkbox"/> Released to
Name of person *	Surname		
	Given name		
Specify things or samples *			

* 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.

Signature of Applicant *

Date of submission

..... /..... /.....

* Mandatory fields