



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



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)

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

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	

* 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	<input type="checkbox"/> The exact date <input type="checkbox"/> An approximate date

* Mandatory fields



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

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

Form of access	
How would you like to access the information?	<input type="checkbox"/> I wish to inspect the document(s)
	<input type="checkbox"/> I require a copy of the document(s)



Reasons for application	
Provide reasons here for the application *	Insert the detail of reasons
<p>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.</p>	

Confirmation & acknowledgement	
<p>Confirmation I confirm all of the information provided in this form and supporting documents, is to the best of my knowledge, true and correct.</p>	
<p>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.</p> <p>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.</p>	
Signature of Applicant *	<p>Date of submission /..... /.....</p>

* Mandatory fields