



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



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 *

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	<input type="checkbox"/> The exact date <input type="checkbox"/> 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	
<p>Upload further information</p> <p>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>	



* 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