

Application For Certificate of Proceedings

Note: Please provide accurate and any additional information which will assist in identifying the relevant proceeding i.e. names of victims, ascertaining and providing the relevant case number, full name of defendant, précis dates, etc.

Case number: _____

Complainant: _____

Full name of defendant: _____

Date of offence: _____

Name of victim: _____

(Applicable only when certificate is required for Crimes Compensation matters)

Charges: _____

Date of proceedings: _____

Reason for requiring certificate: _____

Name of applicant: _____

Name of agency: _____

Postal address: _____

Telephone number: _____ Fax number: _____

Applicants acknowledgement for payment of \$34.00 per page to be made at the collection of said certificate: _____ Date: _____

(Applicants Signature)

Clerks response: (ie, more information, not finalised, no record, not approved etc.)

Date of Completion: