



**Magistrates' Court  
Victoria**

**APPLICATION FOR APPOINTMENT OF AN INTERMEDIARY  
(Intermediary Pilot Program pursuant to Part 8.2A *Criminal Procedure Act 2009*)**

IN THE MAGISTRATES' COURT OF VICTORIA

CASE No.: \_\_\_\_\_

AT MELBOURNE

IN THE MATTER OF: \_\_\_\_\_

I wish to apply for the following order/s:

1. THAT the Court appoint an Intermediary for the witness [*name*] \_\_\_\_\_

This application is made on the grounds that:

(a) The witness is eligible for such assistance because:

- the witness is \*a child / \*was under the age of 18 years at the time the proceeding commenced / \* is cognitively impaired; and
- the witness is to give evidence in a relevant criminal proceeding [*charge*] \_\_\_\_\_; and
- the criminal proceeding is in a participating venue of a Court [*give details*] \_\_\_\_\_.

(b) [*If relevant*] An appointment is recommended in the Intermediary assessment report of [*date*] \_\_\_\_\_.

(c) [*If relevant*] For the reasons outlined in the Intermediary assessment report, an Intermediary would be likely to improve the quality of the witness's evidence (see [*provide paragraph or page numbers*]) \_\_\_\_\_.

(d) [*If relevant*] The witness is aware of the right to make an application for an intermediary to be appointed and wishes to give evidence without the assistance of an Intermediary but it is submitted that the court should not be satisfied that the witness is able to give evidence without the assistance of an Intermediary for the following reasons [*give details*]  
\_\_\_\_\_  
\_\_\_\_\_

THIS FORM IS FILED ON BEHALF OF: \_\_\_\_\_

The Prosecution\*: OPP\* / Victoria Police Prosecutions Unit\*

The Defence\*

CONTACT DETAILS

Prosecution\* / Legal practitioner\*:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email address: \_\_\_\_\_

Address for service: \_\_\_\_\_

CONTACT DETAILS

TO the Registrar of the Magistrates' Court at: Melbourne

AND TO the Respondent / Respondent's solicitor:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email address: \_\_\_\_\_

Address for service: \_\_\_\_\_

Dated: \_\_\_\_\_

*Signed* \_\_\_\_\_  
Signature of Applicant / Applicant's Legal Practitioner

*Print name* \_\_\_\_\_

LISTING OF APPLICATION

This application is listed for hearing before the Magistrates' Court of Melbourne at \_\_\_\_\_ am / pm on \_\_\_\_\_ [date].

Dated: \_\_\_\_\_

*Signed* \_\_\_\_\_  
\*Registrar / \*Deputy Registrar

*Print name* \_\_\_\_\_

\*delete if not applicable