

TO: the Registrar of the Magistrates' Court

Court Reference: _____

AND TO the Respondent: the Chief Commissioner of Police –

Email to: ancor.registrar@police.vic.gov.au

OR Mail to: Sex Offender Registry
637 Flinders St
Melbourne VIC 3000

Applicant: _____

Date of Birth: _____

Address: _____

Email: _____

Phone: _____

Informant: _____

Address: _____

This application is in respect of the following offence: *(detail specific offence to which this application relates)*

The offence was committed on date(s): _____

The sentence for that offence was imposed by Magistrate *(insert name)* _____

on *(date)*

at *(place)*

GROUND FOR MAKING THIS APPLICATION

The acts, facts, matters and circumstances set out in the affidavit made on *(date of affidavit)* _____

are relied on in support of this application.

The following other documents are attached in support of this application *(attach list if needed)*:

Date: _____

(Signed) Applicant

LISTING OF APPLICATION *(registrar to complete)*

This application is listed for hearing before the Magistrates' Court at _____

at _____ * am / pm on *(date)* _____

Date: _____

Registrar of the Magistrates' Court

* Delete if inapplicable

IMPORTANT NOTES: