

Form 15
CASE ABRIDGEMENT APPLICATION

In the Magistrates' Court of
Victoria at [venue]

Court Ref:

Applicant: _____

Date of hearing of application: _____

Name of accused: _____

Date of birth: _____

Current date of hearing: _____

Proposed abridgement date: _____

Reason for Abridgement:

[set out the grounds of the application in detail]

Application by consent: Yes/No

Notice of application to other parties: Yes/No

Accused in custody: Yes/No

Signature of applicant/legal representative: _____

Date: _____

Name: _____

Firm: _____

Telephone: _____

Email: _____