

**Form S**  
**REQUEST FOR SENTENCE INDICATION HEARING ON THE PAPERS**

In the Magistrates' Court  
of Victoria at [venue] \_\_\_\_\_ Court Ref: \_\_\_\_\_

Informant: \_\_\_\_\_

Accused: \_\_\_\_\_

The Accused is not legally represented

The Accused is represented by: \_\_\_\_\_

Date matter is currently listed: \_\_\_\_\_

Does the prosecution consent to a sentence indication hearing on the papers?  Yes  No

Does the accused consent to a sentence indication hearing on the papers?  Yes  No

**OFFENCES**

Are there co-offenders?  Yes  No

If yes, names and sentence details of co-offenders (if any): \_\_\_\_\_

Is it a summary offence(s)?  Yes  No

Is it an indictable offence(s) to be heard summarily?  Yes  No

If yes to the above, does the accused consent to jurisdiction?  Yes  No

Is the matter family violence related?  Yes  No

Is there a current intervention order?  Yes  No (If yes, copies to be attached)

**OTHER MATTERS**

Is the accused in custody in relation to these matters?  Yes  No (If yes, refer to Practice Direction No. 5)

Agreed PSD:

Are there any mandatory orders that apply?  Yes  No

If yes to the above, please outline:

**Charges to proceed in sentence indication hearing, with agreed amendments (if any) including maximum penalties (copies to be attached):**

**Charges to be withdrawn (if any):**

**ANCILLARY ORDERS SOUGHT**

	<b>YES</b>	<b>NO</b>	<b>CONSENT?</b>		<b>YES</b>	<b>NO</b>	<b>CONSENT?</b>
Restitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forfeiture/Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forensic Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify and attach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licence Order	<input type="checkbox"/>	<input type="checkbox"/>	

**DOCUMENTS ATTACHED**

	<b>YES</b>
Copy of charge(s) upon which indication sought with agreed amendments (if any)	<input type="checkbox"/>
List of charges to be withdrawn if the matter proceeds to sentence hearing (if any)	<input type="checkbox"/>
Agreed summary	<input type="checkbox"/>
Agreed criminal history (if any)	<input type="checkbox"/>
Copy of ancillary orders sought	<input type="checkbox"/>
Outline of Defence submissions (dot point form)	<input type="checkbox"/>
Outline of Prosecution submissions (if any, dot point form)	<input type="checkbox"/>
Any references or reports upon which defence rely	<input type="checkbox"/>

**REQUEST FOR SENTENCING INDICATION HEARING ON THE PAPERS**

---

*Signature of legal practitioner of Accused OR Accused*

DATE:

Name of legal practitioner or Accused:

Email:

Telephone:

---

*Signature of Prosecutor*

DATE:

Name of Prosecutor:

Email:

Telephone: