



**APPLICATION FOR ORDER PERMITTING PUBLICATION
OTHERWISE PROHIBITED BY THE *JUDICIAL PROCEEDINGS REPORTS ACT 1958***

1. Your Details

Applicant's name: _____

Applicant's telephone number: _____

Applicant's email address: _____

2. Reason for seeking order (refer to guidance about seeking court permission)

- Victim is an adult who does not (or may not) have decision making capacity
- Victim is a child and no supporting statement available
- Victim is deceased
- Other – please contact the Magistrates' Court to discuss your application.

For Melbourne metropolitan matters, please email sexoffences@courts.vic.gov.au.

For regional courts, please contact your court coordinator. Contact details are available on our [website](#).

3. Details of publication for which you are seeking permission

Please describe what information you wish to publish. In particular, what information about the victim or victims are you seeking to publish?

Example 1: Permission is sought for general publication of the name and likeness (i.e. a photo or footage) of [the person or persons against whom an offence was committed or is alleged to have been committed] disclosing that they were the victim of a sexual offence.

Example 2: I want to tell my story of being assaulted in a group home naming the offender and the home and the fact that another resident was also assaulted. Naming the home is likely to identify the other victim resident because there were only three of us in the home. He has an intellectual disability and doesn't have decision making capacity.

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4. Information about the victim or victims

Please provide the following information in respect of each victim whom the proposed publication may identify (or lead to the identification of) based on the reason for application.

Complete a separate table for each victim, or attach a separate copy of this form for each victim.

Victim is an adult who does not (or may not) have decision making capacity*

Name	
Contact details (for victim or their guardian)	
Reason for lack of decision making capacity	(attach evidence if necessary, e.g. guardianship order)
Relationship of applicant to victim	
Has the victim expressed a view about publication of their identity?	<input type="checkbox"/> Yes (attach evidence) <input type="checkbox"/> No (attach any relevant information about capacity to express a view)
Name and contact details of police informant in respect of any charges for the offence or alleged offence (if known)	

* 'Decision-making capacity' is defined in s 5 of the *Guardianship and Administration Act 2019*. Whether a person has decision-making capacity depends on a number of factors, including whether they understand the information relevant to the decision and the effect of the decision, and can communicate the decision.

Victim is a child and no supporting statement available

Name	
Contact details of parent or guardian	

Date of birth	
Relationship of applicant to victim	
Has the victim expressed a view about publication of their identity?	<input type="checkbox"/> Yes (attach evidence) <input type="checkbox"/> No
Name and contact details of police informant in respect of any charges for the offence or alleged offence (if known)	

Victim is deceased

Name	
Relationship of applicant to victim	
Name and contact details of victim's family members (if known and other than a family member who is the alleged or convicted offender)	
Did the victim express a view on publication of their identity before their death?	<input type="checkbox"/> Yes (attach evidence) <input type="checkbox"/> No
Are the views of family members known?	<input type="checkbox"/> Yes (attach evidence) <input type="checkbox"/> No
Name and contact details of police informant in respect of any charges for the offence or alleged offence (if known)	

If there are any further victims whom the proposed publication may identify (or lead to the identification of), please copy and complete the applicable table as required.

6. Court proceedings about the offence or alleged offence

Please provide details of any court proceedings about the offence or alleged offence that are currently being conducted:

Court (if known): _____

Case name (if known): _____

Case number (if known): _____

If you need help completing this part, you can contact the Court. For Melbourne metropolitan matters, please email sexoffences@courts.vic.gov.au.

7. Additional information

Please provide any further details about why you are making this application and why the court should grant permission for the proposed publication– this information will be used by the Court to determine your application.

You may attach supporting documentation but this is not required.

Date: _____

SIGNATURE OF APPLICANT

For Melbourne metropolitan matters, please email your completed application form to sexoffences@courts.vic.gov.au.

For regional courts, please email your completed application form to your local court coordinator. Contact details are available on our [website](#).