Interlocutory Application Information Form

Professional Liability List



**This form must be completed and emailed to** [**professional.liability@supcourt.vic.gov.au**](mailto:professional.liability@supcourt.vic.gov.au) **before filing your application. You will be advised by return email of an available hearing date. This email should be attached to your application when filed.**

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| --- | --- |
| **Hearing Return Date**  (*Court Use Only*) |  |
| **Proceeding number (If any):** |  |
| **Is the proceeding listed for a directions hearing?** | **Yes  No  Date(s):** |
| **Is the proceeding listed for trial?** | **Yes  No  Date(s):** |
| **Preferred hearing date/s (if any):** | **Date(s):** |
| **Is your application urgent? If so, reason?**  Please include reasons for urgency if the requested return date is within ten (10) working days of filing the application. | **Yes**  **No**  **Reason:** |
| **Application time estimate:**  The solicitor for the applicant must notify the list coordinator by email or phone immediately upon becoming aware that the hearing is no longer required or if the hearing estimate has been revised in any way. |  |
| **Summary of proceeding:**  Provide a short summary of the nature of proceeding in which the application is brought. |  |
| **Who is bringing the application?**  Party type and name of party. |  |
| **Summary of application:**  Provide a short summary of the intended application and orders sought. |  |
| **Affidavit(s) to be relied upon:** |  |
| **Other applications:**  State if any other applications in the proceeding are pending (date & judicial officer) |  |
| **Rule or legislative provision under which the application is to be brought:** |  |
| **Is application opposed / unopposed / ex-parte?** |  |
| **Firm name:** |  |
| **Practitioner with conduct:** |  |
| **Direct telephone number:** |  |
| **Email address:** |  |
| **Date of completion:** |  |