

Interlocutory Application Information Form Personal Injuries & Dust Diseases Lists



This form must be completed and emailed to the appropriate email personal.injuries@supcourt.vic.gov.au or dust.diseases@supcourt.vic.gov.au before filing your application. You will be advised by return email of an available hearing date and then you may file your application.

Hearing Return Date <i>(Court Use Only)</i>	
Proceeding number (If any):	
Is the proceeding listed for a Directions Hearing?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date(s):
Is the proceeding listed for Trial?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 five (5) working days of filing the application.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason:
Application estimate: The solicitor for the applicant must notify the Court immediately upon becoming aware that the hearing is no longer required or if the hearing estimate has been revised in any way, by email or contacting the Coordinator on 9603 9345.	
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.	
Affidavit(s) to be relied upon:	
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 and signature:	Date: Signature: