



**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
- Other – please contact the Supreme Court Criminal Registry to discuss your application ((03) 8600 2059 or [criminaldivision@supcourt.vic.gov.au](mailto:criminaldivision@supcourt.vic.gov.au)).

3. *Details of the 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.*

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)	

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.

5. *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 Supreme Court Criminal Registry on (03) 8600 2059 or at [criminaldivision@supcourt.vic.gov.au](mailto:criminaldivision@supcourt.vic.gov.au).

6. *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

Please email your completed application form to [criminaldivision@supcourt.vic.gov.au](mailto:criminaldivision@supcourt.vic.gov.au).