

Form 6-2A

Rule 2.05(1)

IN THE SUPREME COURT OF VICTORIA AT MELBOURNE
COURT OF APPEAL
CRIMINAL DIVISION

S EAPCR

[APPLICANT'S NAME]

Applicant

v

THE KING

Respondent

NOTICE OF APPLICATION FOR LEAVE TO APPEAL AGAINST CONVICTION

Date of document:
Filed on behalf of:
Prepared by:
[name and address]

Solicitor code:
Telephone:
Ref:
Attention:
Email:

To the Registrar of Criminal Appeals:

I, [full name] am convicted of the offence of [description of offence] and I am *a prisoner at [place]/*living at [place of residence].

I WISH TO APPEAL to the Court of Appeal under *section 274/[or in the case of a second or subsequent appeal]*section 326A of the **Criminal Procedure Act 2009** against my conviction (particulars of which are set out below).

TAKE NOTICE that I apply to the Court of Appeal for leave to appeal against my conviction on the ground(s): [state specifically and concisely and not merely in general terms each ground on which you intend to appeal against conviction].

Date:

[Signed by Appellant
or Legal Practitioner
on behalf of Appellant]

*[If signed by Legal Practitioner]
The name and address
for service are as follows:
[insert details]

PARTICULARS

1. Appellant's name:
2. Offence for which convicted and in relation to which it is sought to appeal:
3. Convicted at: [*place and court*]
4. Trial Judge:
5. Date of conviction:
6. Sentence:
7. Date of sentence:
8. Name and address of legal practitioner who represented appellant at trial:
9. Name of counsel (if any) who represented appellant at trial:

WRITTEN CASE MUST BE ATTACHED

1. This application for leave to appeal must be accompanied by a written case in support of the application.
2. A written case must comply with the requirements of any applicable practice note. Practice notes may be viewed at, and downloaded from, the website of the Supreme Court of Victoria at www.supremecourt.vic.gov.au.

ORAL HEARING OPTION

I wish to have an oral hearing of my application ☐

*I will be represented at the oral hearing by: Counsel ☐

Solicitor ☐

Myself ☐

[*please tick appropriate boxes*]

I *wish/*do not wish to be present personally at the oral hearing.

I *wish/*do not wish to appear by audio visual link at the oral hearing.

Date:

*[Signed by Appellant
or Legal Practitioner
on behalf of Appellant]*

NOTES TO APPELLANT—ORAL HEARING OPTION:

1. It is the aim of the Court of Appeal to deal with the majority of applications for leave to appeal by a single Judge of Appeal without an oral hearing. Consequently, unless you request an oral hearing, a single Judge of Appeal may determine the application on the basis of your grounds of appeal and accompanying written case without an oral hearing.
2. You may, however, request an oral hearing of your application by completing this section of this Form. This request must be confirmed to the Registrar of Criminal Appeals in writing in accordance with any applicable practice note.
3. You must attach your written case in support of your application whether or not you request an oral hearing.

*Delete if not applicable