

**Form 6-2C**

Rules 2.05(3), 2.54(b)

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 SENTENCE  
IMPOSED BY COUNTY COURT ON APPEAL FROM MAGISTRATES' COURT  
UNDER SECTION 283 OF THE CRIMINAL PROCEDURE ACT 2009**

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

Solicitor code:  
Telephone:  
Ref:  
Attention:  
Email:

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To the Registrar of Criminal Appeals:

I, *[full name]* am convicted of the offence of *[description of offence]* and I am \*a prisoner at *[name of prison]*.

TAKE NOTICE THAT I APPLY to the Court of Appeal under section 283 of the **Criminal Procedure Act 2009** for leave to appeal to the Court of Appeal against the sentence of *[details of sentence]* passed upon me by the County Court.

The grounds on which I apply are:

*[state specifically and concisely and not merely in general terms each ground on which you intend to appeal]*.

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. Name of appellant:
2. Offence for which convicted and in relation to which it is sought to appeal:
3. Originally convicted at the Magistrates' Court at [*place and court*] and sentenced to [*sentence or other order imposed by the Magistrates' Court*];
4. Sentence substituted by County Court:
5. Sentencing Judge:
6. Date sentence of County Court imposed:

## 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](http://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.

IMPORTANT NOTE:

You should be aware that the Court of Appeal has the power under the **Criminal Procedure Act 2009** to impose a sentence which is more or less severe than the sentence which is appealed against.

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\*Delete if not applicable