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**Victims of Crime**

**Assistance Tribunal**

Victims of Crime Assistance Rules 2010

Form 2 Rule 8

**APPLICATION FOR REVIEW**

**OF DECISION OF JUDICIAL REGISTRAR**

|  |
| --- |
| **1. DETAILS OF PERSON SEEKING REVIEW** |
|  |
| Surname |  | Given Names |  |
|  |  |  |  |
| Address |       |
|  |  |  |  |
|  |  | Postcode |       |
| Telephone | (H) |       | (W) |       | (M) |       |  |
|  |  |  |  |
| **2. DECISION TO BE REVIEWED** |
|  |  |  |  |
| I apply to the Victims of Crime Assistance Tribunal under section 59A of the *Victims of Crime Assistance Act 1996* to have the following decision made by a judicial registrar reviewed:  |
|  |
| Date of Decision |  |
|  |  |
| Tribunal Reference Number |  |
|  |  |
| Tribunal Venue where decision made | **Melbourne** |
| **The reasons for my review are set out in the accompanying affidavit**  |
|  |
| \*NOTE: An application for review under section 59A of the *Victims of Crime Assistance Act 1996* is treated as a fresh hearing of the original application for assistance. The Tribunal may either refuse the application for review or make its own decision in substitution of the original order. |
|  |  |  |  |
| **3. MATERIAL IN SUPPORT OF REVIEW APPLICATION** |
|  |  |  |  |
| Do you wish to file any additional material in support of your review application? Yes [ ]  No [ ]  |
|  |  |  |  |
| If yes, please file all additional supporting material with the Tribunal within 28 days from the date of this application.

|  |
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| **4. DETERMINATION OF YOUR APPLICATION** |
|  |  |  |  |
| Would you prefer to: | [ ]  Attend a hearing at the Tribunal? OR |
|  | [ ]  Have your application determined in your absence? |
|  |  |  |  |
|  |  |  |  |
| Do you request that: | [ ]  Proceedings be conducted in a closed Court? |  |
|  | [ ]  Publication of your application be restricted? |  |
|  |  |  |  |
|  |  |  |  |
| Do you require an interpreter Yes [ ]  No [ ]  | Language |       |
|  |  |  |  |
| **5. SIGNATURE OF APPLICANT** |
|  |
|  | x |
| **Signature of applicant** |  |
|  |
|  | x |
| **Date** |  |

 |

**Affidavit in support of review application**

|  |  |
| --- | --- |
| **I** |  |
|  |  |
| of |       |  |
|  |  |
| Make oath and say or do solemnly and sincerely affirm that the reasons for my review are as follows: |
|  |
|

|  |
| --- |
|       |

 |
|  |
| SWORN or AFFIRMED at       | ) |
| In the State of Victoria this       | ) |
| day of       20      | ) x |  |
|  |
| Before me: x |  |
|  |       |
|  |       |
|  |       |
|  |       |
|  | *(Signature, name, address and title of witness)* |

**This affidavit must be sworn or affirmed before an appropriately qualified witness, examples include:**

A Justice of the Peace or a Bail Justice

The Prothonotary or a Deputy Prothonotary of the Supreme Court

The Registrar or a Deputy Registrar of the County Court

The Principal Registrar of the Magistrates’ Court or a Registrar or Deputy Registrar of the Magistrates’ Court

A Public Notary

A Legal Practitioner

A member of the police force of or above the rank of sergeant or for the time being in charge of a police station

A person employed under Part 3 of the *Public Administration Act 2004* with a classification that is prescribed for receiving affidavit