

CHILDREN'S COURT of WESTERN AUSTRALIA
**REQUEST TO INSPECT OR OBTAIN COPY
 OF A COURT RECORD (CRIMINAL)**
*Children's Court of Western Australia Act 1988
 Young Offenders Act 1994*

Children's Court at			
Date Lodged			
Fee Paid		Receipt No.	

Applicant	Full name			
	Address		Telephone No	
	Email address		Fax No	

Case details	Case No.			
	Parties			

Records wanted				
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Application by a party <i>[delete if not applicable]</i>	I am a party to the above case and I would like: <input type="checkbox"/> to inspect the above record(s); <input type="checkbox"/> to obtain a copy of the above record(s);
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Application by non-party <i>[tick one box]</i>	I am not a party to the above case. I would like to inspect /obtain a copy of the above records because I am a person referred to in the <i>Children's Court of Western Australia 1988 s 51A(3)</i> : <input type="checkbox"/> the Commissioner of Police <input type="checkbox"/> the Director of Public Prosecutions <input type="checkbox"/> the Corruption and Crime Commission <input type="checkbox"/> the Chief Assessor of Criminal Injuries Compensation <input type="checkbox"/> the Parliamentary Commissioner for Administrative Investigations <input type="checkbox"/> the CEO of the department principally assisting in the administration of the <i>Young Offenders Act 1994</i> <input type="checkbox"/> the CEO as defined in the <i>Road Traffic (Administration) Act 2008 s 4</i> <input type="checkbox"/> a person authorised by one of the above persons or by a party to the case <input type="checkbox"/> a person prescribed by the Regulations
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Authority sought for release	I am seeking the authority of the Children's Court of Western Australia to release this report: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify who the report is to be released to: _____
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Grounds for application <i>[state reasons]</i>				
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Signature of applicant				Date
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Judicial Officer:	Approved: YES / NO	Signature	Date
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NOTE: All parties must provide photo identification.