

APPLICATION FOR BAIL

Bail Act 1977

IN THE CHILDREN'S COURT
OF VICTORIA AT _____

Case Number: _____

APPLICANT DETAILS

Applicant: _____
Address (prison): _____
Date of birth: _____

APPLICANT'S LEGAL PRACTITIONER

Name _____
Agency: _____
Address: _____
Phone _____
Email _____

RESPONDENT (INFORMANT) DETAILS

Name: _____
Address: _____
Email: _____

CHARGE DETAILS

Major charge: _____

_____ is required to appear to answer charges
on _____ at _____

DETAILS OF THE HEARING FOR THIS APPLICATION

A hearing of this application will be held at the Children's Court as follows:
Date: _____ Time: _____
Place: _____
Estimated duration of application: _____

Date: _____