| Form 4F | | | | | |
|---|--|--------------------------------|---------------------------------|---------------------------|--|
| To be inserted by Court | | | | | |
| Case Number: | | | | | |
| Date Filed: | | | | | |
| FDN: | | | | | |
| ORIGINATING | APPLICATION | EX PARTE - V ORDER | WITNESS PROT | TECTION ACT | |
| SUPREME COURT OF SOU SPECIAL STATUTORY JUF | | | | | |
| [<i>FULL NAME</i>] Applicant | | | | | |
| Applicant | | | | | |
| Name of law firm/solicitor | Full Name | | | | |
| Address for service | Law Firm | or level number and name of p | Responsible Solicitor | | |
| | Street Address (including unit | or lever number and name or pr | roperty in required) | | |
| | City/town/suburb | State | Postcode | Country | |
| Phone Details | Email address | | | | |
| FIIONE Details | Type (eg. home; work; mobile) – Number | | Another number (ontional) | Another number (optional) | |
| | 1 . The left mente, more, morne | , | 1 Successive manuser (optional) | | |
| Application Details | | | | | |

| Application Details |
|--|
| Matter type: |
| This Application is for an order: □ establishing a new identity for [name]. section 17(2)(a) □ restoring the former identity of [name] who has been provided with a new identity. section 17(2)(b) □ making an entry in the Register of Births, Deaths and Marriages. section 17(3)(a) □ cancelling an entry in the Register of Births, Deaths and Marriages. section 17(3)(a) □ authorising disclosure in respect to a protected witness. section 24(9)) |
| This Application is made under section [17/24(9)] select one of the Witness Protection Act 1996. |
| The Applicant seeks the following orders: Enter orders sought in separately numbered paragraphs 1. |

| Thi | set o | lication is made on the ut in the accompanyin | g Affidavit sworn by [<i>name</i>] on [<i>date</i>]. | | | | |
|---|--|--|--|--|--|--|--|
| The | e Appl | if applicable otherwise delete ication is urgent becau in separately numbered paragrap | | | | | |
| 1. | | | | | | | |
| | | Complete if this option selected above Establish New Identity | | | | | |
| | | The witness has ente | ered into a Memorandum of Understanding exhibited to the accompanying Affidavit. | | | | |
| | | The Applicant believes on the grounds set out in the accompanying Affidavit that: the making of the orders sought is necessary and reasonable to protect the safety and welf witness; | | | | | |
| | the witness is likely to comply with the Memorandum of Understanding. | | | | | | |
| | □ Complete if this option selected above Restore an Identity | | | | | | |
| Protection and assistance to the witness under the relevant witness terminated. | | | stance to the witness under the relevant witness protection program has been | | | | |
| | The Applicant believes that it is desirable that the former identity of the witness be restored on the great out in the accompanying Affidavit. | | | | | | |
| | □ Complete if this option selected above Make an Entry into the Register of Births, Deaths & Marriages | | | | | | |
| | | Name of person who | m entry relates to ('the Person'): [Enter name] | | | | |
| Name of assumed identity: [Enter name of assumed identity]. | | | entity: [Enter name of assumed identity]. | | | | |
| | The Applicant believes that the order is justified having regard to the nature of the activities undertated to be undertaken by the Person on the grounds set out in the accompanying Affidavit. | | | | | | |
| | | Complete if this option selected | above To Cancel an Entry into the Register of Births, Deaths & Marriages | | | | |
| | | Name of assumed identity: [Enter name of assumed identity]. | | | | | |
| | | The Applicant cancel | led the authority for the assumed identity on [date]. | | | | |
| □ complete if this option selected above Authorise Disclosure Name of protected witness: [name] The Applicant applies for an order authorising the disclosure of: [Enter subject matteen The protected witness is to be a witness in the following criminal proceeding: | | above Authorise Disclosure | | | | | |
| | | Name of protected wi | itness: [name] | | | | |
| | | The Applicant applies for an order authorising the disclosure of: [Enter subject matter of disclosure sought] | | | | | |
| | | The protected witness is to be a witness in the following criminal proceeding: | | | | | |
| | | Court: | [Enter Court] Court and location where criminal proceedings are to be heard | | | | |
| | | Case file number: | [Enter case file number] | | | | |
| | | Names of parties: | [Enter names] | | | | |
| | | Offence: | [Enter offence] name and where applicable, Act and section | | | | |
| | | Offence type: | [Enter offence type] indictable/summary offence punishable by imprisonment. | | | | |
| | | The prospective witness is: | | | | | |
| □ a participant in a witness protection program □ a former participant in a witness protection program and retains a new identity □ the subject of steps taken with a view to including the Person in a witness protection program | | | | | | | |

The Applicant discloses the information set out in the accompanying Affidavit relating to the prospective witness and their participation or possible participation in the witness protection program that may be relevant to:

- the prospective witness's credibility as a witness in the proceeding; and
- the protection of the prospective witness's safety and the integrity of the witness protection program.

| Accompanying Documents |
|---|
| Accompanying this Application is a: |
| □ Draft order mandatory □ Supporting Affidavit mandatory |
| ☐ If other additional document(s) please list below: |
| |
| |
| Retention of Documents |
| The Applicant proposes that the Court retain this Application and the associated documents for [Enter period] and then: |
| □ return the documents to the Applicant |