

Request for Coroner to Assume Jurisdiction

September 2024

Details of applicant	
Title (Mr, Mrs, Ms, Dr. etc)	
Surname *	
Given Name*	
Organisation (if applicable)	
Email address*	
Postal address	
Contact number	

*Mandatory fields

Details of deceased person	
Surname*	
Given Name	
Date of birth (if known) eg. 01/01/1980	
Age (if known)	
Date of death (if known)	
Place of death* eg. Hospital, suburb or address	
Current location of deceased person*	<input type="checkbox"/> Hospital mortuary: _____ <input type="checkbox"/> Funeral Director: _____ <input type="checkbox"/> Burial or cremation has occurred <input type="checkbox"/> Other, please state: _____
Relationship of applicant to deceased person*	
Are you Senior Next of Kin eg. Either spouse or defacto, adult	<input type="checkbox"/> YES

child, parent, sibling, executor, legal representative	<input type="checkbox"/> NO. Please provide name and contact details of Senior Next of Kin. Their views in relation to this application may be sought: _____ _____
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*Mandatory fields

Details of application	
Has a Medical Certificate Cause of Death (MCCD) been issued by a doctor outlining the probable cause of death	<input type="checkbox"/> YES. Please provide a copy with your application <input type="checkbox"/> NO. Please provide name and contact details of treating doctor/general practitioner:
Where MCCD has been issued, do you have specific concerns about the probable cause of death listed on the certificate	<input type="checkbox"/> YES. Please outline your <u>specific</u> concerns in your application below. <input type="checkbox"/> NO. I do not have concerns about the probable cause of death listed on the MCCD
Where your concerns are of a suspicion of criminal activity, have you reported these concerns to NSW Police*	<input type="checkbox"/> YES. Please provide Event Number, and if applicable, copy of police statement <input type="checkbox"/> NO. Please report your concerns to NSW Police <input type="checkbox"/> I do not have concerns of a suspicion of criminal activity
Where there are care and treatment concerns, have these been reported to another agency*	<input type="checkbox"/> YES. Health Care Complaints Commission (HCCC), file number: _____ <input type="checkbox"/> YES. Aged Care Quality and Safety Commission (ACQSC), file number: _____ <input type="checkbox"/> YES – Other – please specify agency: _____ _____ <input type="checkbox"/> NO. Please indicate in your application why care and treatment concerns have not been reported as above <input type="checkbox"/> I do not have care and treatment concerns
Provide a detailed description of your reason/s for application*	<p><u>All relevant information that is sought for the Coroner to consider must be included with your application.</u> This may include information about hospital admission date/s and length of stay at hospitals and/or nursing home, dates and details of any relevant conversations with treating professionals.</p> <p>All information provided should be in date order of occurrence of events. Bullet point notations are acceptable.</p> <p>Insert the detail of reasons:</p>

Provide a copy of all relevant documents	<u>All documentary evidence relied on to support your request must be included with your application.</u> This may include any medical records, medical certificate cause of death, police statements, nursing home records held by the applicant
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*Mandatory fields

Details of legal representative (if applicable)	
Title (Mr, Mrs, Ms, Dr. etc)	
Surname	
Given Name	
Firm / Organisation (if applicable)	
Position held	
Email address	
Postal address	
Contact number	

Confirmation and acknowledgement	
<p>Confirmation*</p> <p><input type="checkbox"/> I confirm that the information provided in this form and supporting documents is true and correct to the best of my knowledge.</p> <p><input type="checkbox"/> I confirm that I have contacted the health service / provider (where applicable) to discuss my concerns.</p> <p><input type="checkbox"/> I confirm that I have read the "Information Sheet – Which organisation is most appropriate for your concerns".</p>	
<p>Acknowledgement</p> <p>I acknowledge that my name may be disclosed to the deceased person's Senior Next of Kin (if the Coroner considers it appropriate to do so) which may be necessary for my application to be processed.</p>	
<p>Signature of Applicant *</p> 	<p>Date of submission*</p> <p>...../...../.....</p>

*Mandatory fields

Before you send this form, please check that you have:

- Included all relevant information
- Clearly identified your concerns
- Attached copies of supporting documents or information. Please do not send original documents
- Read and understand the attachment “Which organisation is most appropriate for your concerns”
- Signed and dated the confirmation and acknowledgement above

Please send the application and supporting information to:

The Registrar
Coroners Court of NSW
1A Main Ave
LIDCOMBE NSW 2141

Or email to Lidcombe.Coroners@justice.nsw.gov.au

Please contact the Coroners Court on (02) 8584 7777 if you require assistance or wish to discuss your application prior to submission.