**INDICTMENT NO.**

**IN THE COUNTY COURT
OF VICTORIA
AT**

**CR-     -

BETWEEN**

**Director of Public Prosecutions**

*and*

## **APPLICATION FOR ACCUSED TO CONDUCT LIMITED PREPARATORY**

## **CROSS-EXAMINATION**

Date of document: Solicitor’s code:

Filed on behalf of: DX:

[name of solicitor] Telephone:

[name of legal practice] Ref:

[professional address] Email:

* 1. Pursuant to s 198B *Criminal Procedure Act 2009* (‘*CPA*’) the accused makes application for an order to conduct limited preparatory cross-examination of the following witness or witnesses, on the following issues:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of witness**  | **Issue and purpose** | **Does the prosecution oppose the application in whole or in part?** | **Basis for opposition** |
| *Name and deposition page reference* | Issue:*[indicate the issue(s) identified by the accused to which the proposed questioning relates]*Purpose: *[indicate the purpose of the proposed questioning and how it relates to the identified issue(s)]*  | Yes / No | *[If yes, indicate the extent to which the prosecution opposes leave and the reasons for it]* |
| *Name and deposition page reference* | Issue:Purpose: | Yes / No | *[If yes, indicate the extent to which the prosecution opposes leave and the reasons for it]* |
| *Name and deposition page reference* | Issue:Purpose: | Yes / No | *[If yes, indicate the extent to which the prosecution opposes leave and the reasons for it]* |

*\*Delete/insert rows as required*

1. Confirm the following for each witness:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of witness** | **s 18 *Evidence Act 2008* issue?** | **s 128 *Evidence Act 2008* issue?** | **Child or cognitively impaired witness?** **If yes, specify whether child, or cognitively impaired, or both, and whether an intermediary is sought for such witness?**  | **Video link or remote witness facility (RWF)?****If yes, specify the reason.**  | **Interpreter required?** **If yes, name the applicable language.** | **Unsuitable date(s)** | **Reason(s) for unavailability** |
|  | Yes/No | Yes/No | Yes/No      | Yes/No      | Yes/No      |  |  |
|  | Yes/No | Yes/No | Yes/No      | Yes/No      | Yes/No      |  |  |

*\*Delete/insert rows as required*

1. What is the total estimated duration of the hearing of the s 198B examination(s)?

***Form completed by:***

|  |  |
| --- | --- |
| Signed:      Name:      Dated:      Solicitor / counsel for the accused  | Signed:      Name:      Dated:      Solicitor / counsel for the DPP  |