

# Government Gazette

OF THE STATE OF NEW SOUTH WALES

# Number 44

Friday, 27 April 2012

Published under authority by Government Advertising

# **LEGISLATION**

# **Online notification of the making of statutory instruments**

Week beginning 16 April 2012

THE following instruments were officially notified on the NSW legislation website (www.legislation.nsw.gov.au) on the dates indicated:

# Regulations and other statutory instruments

Local Government (General) Amendment (Minimum Rates) Regulation 2012 (2012-155) — published LW 20 April 2012 Private Health Facilities Amendment (Rapid Opioid Detoxification) Regulation 2012 (2012-156) — published LW 20 April 2012

Public Holidays Amendment (Coffs Harbour City Council and Lismore City Council) Order 2012 (2012-157) — published LW 20 April 2012

# **Environmental Planning Instruments**

Liverpool Local Environmental Plan 2008 (Amendment No 9) (2012-158) — published LW 20 April 2012 Narrabri Local Environmental Plan Amendment (Land Uses) 2012 (2012-159) — published LW 20 April 2012

Port Macquarie-Hastings Local Environmental Plan 2011 (Amendment No 8) (2012-160) — published LW 20 April 2012

Temora Local Environmental Plan 2010 (Amendment No 1) (2012-161) — published LW 20 April 2012

# **OFFICIAL NOTICES**

# **Roads and Maritime Services**

# **ROAD TRANSPORT (GENERAL) ACT 2005**

Notice under Clause 20 the Road Transport (Mass, Loading and Access) Regulation 2005

KEMPSEY SHIRE COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading and Access) Regulation 2005, by this Notice, specify the routes and areas on or in which 25 metre B-Doubles may be used subject to any requirements or conditions set out in the Schedule.

Date: 20 March 2012.

DAVID RAWLINGS, General Manager, Kempsey Shire Council (by delegation from the Minister for Roads)

# SCHEDULE

# 1. Citation

This Notice may be cited as Kempsey Shire Council 25 Metre B-Double route Notice No. 1/2012.

# 2. Commencement

This Notice takes effect on the date of gazettal.

# 3. Effect

This Notice remains in force until 1 September 2015 unless it is amended or repealed earlier.

# 4. Application

This Notice applies to those 25 metre B-Double vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

# 5. Routes

| Туре | Road No. | Road Name                      | Starting Point | Finishing Point  | Conditions |
|------|----------|--------------------------------|----------------|--|------------|
| 25   |          | Queen Street,<br>South Kempsey | Nance Road     | 100 m to north of Queen<br>Street / Nance Road<br>intersection (Australia<br>Post Mail Centre) |            |

### **ROAD TRANSPORT (GENERAL) ACT 2005**

Notice under Clause 20 the Road Transport (Mass, Loading and Access) Regulation 2005

QUEANBEYAN CITY COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which 25 metre B-Doubles may be used subject to any requirements or conditions set out in the Schedule.

Date:19 April 2012.

GARY CHAPMAN, General Manager, Queanbeyan City Council (by delegation from the Minister for Roads)

## SCHEDULE

#### 1. Citation

This Notice may be cited as Queanbeyan City Council 25 Metre B-Double Route Notice No. 1/2012.

#### 2. Commencement

This Notice takes effect on the date of gazettal.

### 3. Effect

This Notice remains in force until 1 September 2015 unless it is amended or repealed earlier.

#### 4. Application

This Notice applies to those 25 metre B-Double vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

#### 5. Routes

| Туре | Road No. | Road Name                   | Starting Point               | Finishing Point                              | Conditions |
|------|----------|-----------------------------|------------------------------|--|------------|
| 25m  |          | Bayldon Road,<br>Queanbeyan | Gordon Avenue (Turn<br>Left) | Ablett's Transport Depot,<br>66 Bayldon Road |            |

# **ROAD TRANSPORT (GENERAL) ACT 2005**

Notice under Clause 20 the Road Transport (Mass, Loading and Access) Regulation 2005

WOLLONDILLY SHIRE COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which 25 metre B-Doubles may be used subject to any requirements or conditions set out in the Schedule.

Date: 10 October 2011.

LES McMAHON, General Manager, Wollondilly Shire Council (by delegation from the Minister for Roads)

# SCHEDULE

# 1. Citation

This Notice may be cited as Wollondilly Shire Council 25 Metre B-Double route Notice No. 1/2011.

# 2. Commencement

This Notice takes effect on the date of gazettal.

# 3. Effect

This Notice remains in force until 1 September 2015 unless it is amended or repealed earlier.

# 4. Application

This Notice applies to those 25 metre B-Double vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

### 5. Routes

| Туре | Road No. | Road Name              | Starting Point             | Finishing Point | Conditions |
|------|----------|------------------------|----------------------------|-----------------|------------|
| 25   |          | Rockford Road, Tahmoor | MR620 Remembrance<br>Drive | Ralfe Street    |            |

# **999**

# ROADS ACT 1993

Notice of Dedication of Land as Public Road at Cooma in the Cooma-Monaro Shire Council area

Roads and Maritime Services, by its delegate, dedicates the land described in the schedule below as public road under section 10 of the Roads Act 1993.

Anna C North Manager, Compulsory Acquisition & Road Dedication Roads and Maritime Services

# SCHEDULE

ALL that piece or parcel of land situated in the Cooma-Monaro Shire Council area, Parish of Cooma and County of Beresford, shown as Lot 10 Deposited Plan 448202.

(RMS Papers: SF2012/010144; RO 4/97.125)

# ROADS ACT 1993

Notice of Dedication of Land as Public Road at Woy Woy in the Gosford City Council area

Roads and Maritime Services, by its delegate, dedicates the land described in the schedule below as public road under section 10 of the Roads Act 1993.

Anna C North Manager, Compulsory Acquisition & Road Dedication Roads and Maritime Services

#### SCHEDULE

ALL those pieces or parcels of land situated in the Gosford City Council area, Parish of Patonga and County of Northumberland, shown as Lots 33, 34 and 35 Deposited Plan 1152193.

#### ROADS ACT 1993

Notice of Dedication of Land as Public Road at Dulwich Hill in the Marrickville Council area

Roads and Maritime Services, by its delegate, dedicates the land described in the schedule below as public road under section 10 of the Roads Act 1993.

Anna C North Manager, Compulsory Acquisition & Road Dedication Roads and Maritime Services

#### SCHEDULE

ALL that piece or parcel of land situated in the Marrickville Council area, Parish of Petersham and County of Cumberland, shown as Lot 1 Deposited Plan 394903.

(RMS Papers: SF2012/010204; RO 10.1355)

# Department of Trade and Investment, Regional Infrastructure and Services

# AGRICULTURAL INDUSTRY SERVICES ACT 1998

Revocation of Appointment of Inspector

I, MARK I. PATERSON, A.O., Director General of the Department of Trade and Investment, Regional Infrastructure and Services, pursuant to section 41A of the Agricultural Industry Act 1998 hereby revoke the appointment of Terry David RAFFERTY as published in the *New South Wales Government Gazette* No. 95 of 28 July 2006 at page 5932 and any appointment revived as a result of this revocation.

Dated this 19th day of April 2012.

MARK I. PATERSON, A.O., Director General, Department of Trade and Investment, Regional Infrastructure and Services

#### **DRUG MISUSE AND TRAFFICKING ACT 1985**

Revocation of Appointment of Persons to Give Certificates

I, MARK I. PATERSON, A.O., Director General of the Department of Trade and Investment, Regional Infrastructure and Services, pursuant to section 43 (5) of the Drug Misuse and Trafficking Act 1985 ("the Act") hereby revoke the appointments of the following persons as persons to give certificates for the purposes of section 43 of the Act:

Jeffrey William Alexander EVANS,

David Vaughan McIVER,

Terrence John GRANT,

Gregory John WASSELL,

Stephen James WATERSON,

Christopher James WETHERALL,

Maryanne NOLAN and

Terry David RAFFERTY,

as published in the *New South Wales Government Gazette* No. 26 of 18 February 2005 at pages 440 and 441 and any appointment revived as a result of this revocation.

Dated this 19th day of April 2012.

MARK I. PATERSON, A.O., Director General, Department of Trade and Investment, Regional Infrastructure and Services

## **STOCK FOODS ACT 1940**

Revocation of Authorisation of Inspectors

Section 20 Order

I, MARK I. PATERSON, A.O., Director General of the Department of Trade and Investment, Regional Infrastructure and Services, pursuant to section 20 of the Stock Foods Act 1940 ("the Act") and section 47 (1) (b) (i) of the Interpretation Act 1987, hereby revoke the authorisation of the following persons as inspectors for the purposes of the Act and any appointment revived as a result of this revocation:

Melanie Gai SCANES

Helen Katrina TETLAW David Vaughan McIVER Gregory John WASSELL Graeme Alexander BROWN Maryanne NOLAN Terry David RAFFERTY Christopher James WETHERALL Terrence John GRANT Keith William OLIVER

Dated this 19th day of April 2012.

MARK I PATERSON, A.O., Director General, Department of Trade and Investment, Regional Infrastructure and Services

#### MINERAL RESOURCES

NOTICE is given that the following applications have been received:

#### EXPLORATION LICENCE APPLICATIONS

#### (T12-1076)

No. 4529, ARGENT (KEMPFIELD) PTY LTD (ACN 155 759 550), area of 25 units, for Group 1, dated 18 April 2012 (Orange Mining Division).

#### (T12-1077)

No. 4530, PMR3 PTY LTD (ACN 145 105 148), area of 100 units, for Group 1, dated 18 April 2012 (Broken Hill Mining Division).

#### (T12-1079)

No. 4532, CGNM RESOURCES PTY LTD (ACN 139 443 137), area of 100 units, for Group 1, dated 19 April 2012 (Sydney Mining Division).

#### (T12-1080)

No. 4533, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 38 units, for Group 1, dated 23 April 2012 (Orange Mining Division).

#### (T12-1081)

No. 4534, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 56 units, for Group 1, dated 23 April 2012 (Orange Mining Division).

#### (T12-1082)

No. 4535, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 94 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1083)

No. 4536, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 96 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1084)

No. 4537, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 90 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1085)

No. 4538, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 48 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1086)

No. 4539, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 82 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1087)

No. 4540, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 72 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1088)

No. 4541, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 94 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1089)

No. 4542, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 96 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1090)

No. 4543, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 78 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1091)

No. 4544, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 65 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1092)

No. 4545, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 87 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1093)

No. 4546, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 92 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1094)

No. 4547, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 96 units, for Group 1, dated 23 April 2012 (Wagga Wagga Mining Division).

#### (T12-1095)

No. 4548, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 100 units, for Group 1, dated 23 April 2012 (Cobar Mining Division).

#### (T12-1096)

No. 4549, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 91 units, for Group 1, dated 23 April 2012 (Orange Mining Division).

#### (T12-1097)

No. 4550, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 100 units, for Group 1, dated 23 April 2012 (Wagga Wagga Mining Division).

#### (T12-1098)

No. 4551, EJ RESOURCES PTY LTD (ACN 157 904 437), area of 100 units, for Group 1, dated 23 April 2012 (Orange Mining Division).

CHRIS HARTCHER, M.P., Minister for Resources and Energy

NOTICE is given that the following applications have been granted:

#### EXPLORATION LICENCE APPLICATIONS

#### (T11-0293)

No. 4379, now Exploration Licence No. 7918, THARSIS MINING PTY LTD (ACN 135 552 742), Counties of Hawes and Macquarie, Map Sheet (9335), area of 90 units, for Group 1, dated 4 April 2012, for a term until 4 April 2014.

#### (T11-0294)

No. 4380, now Exploration Licence No. 7919, THARSIS MINING PTY LTD (ACN 135 552 742), County of Argyle, Map Sheet (8827, 8828, 8928), area of 83 units, for Group 1, dated 4 April 2012, for a term until 4 April 2014.

#### (T11-0339)

No. 4423, now Exploration Licence No. 7920, PMR1 PTY LTD (ACN 145 210 528), Counties of Argyle, Murray and St Vincent, Map Sheet (8827, 8828), area of 100 units, for Group 1, dated 5 April 2012, for a term until 5 April 2014.

CHRIS HARTCHER, M.P., Minister for Resources and Energy

NOTICE is given that the following applications have been refused:

#### **EXPLORATION LICENCE APPLICATIONS**

#### (T10-0226)

No. 4090, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Ashburnham, Map Sheet (8631). Refusal took effect on 11 April 2012.

#### (T10-0288)

No. 4132, COLUMBINE RESOURCES PTY LTD (ACN 110711656), County of Bathurst and County of Roxburgh, Map Sheet (8731). Refusal took effect on 11 April 2012.

#### (T11-0123)

No. 4239, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Bathurst, Map Sheet (8730, 8731). Refusal took effect on 11 April 2012.

#### (T11-0125)

No. 4241, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Ashburnham, Map Sheet (8631). Refusal took effect on 11 April 2012.

#### (T11-0172)

No. 4286, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Bathurst, County of Forbes and County of King, Map Sheet (8630). Refusal took effect on 11 April 2012.

#### (T11-0173)

No. 4287, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Bathurst, County of Forbes, County of King and County of Monteagle, Map Sheet (8629, 8630). Refusal took effect on 11 April 2012.

#### (T11-0233)

No. 4326, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Ashburnham, County of Gordon and County of Wellington, Map Sheet (8631, 8632, 8731, 8732). Refusal took effect on 11 April 2012.

#### (T11-0351)

No. 4432, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Bathurst and County of Georgiana, Map Sheet (8730). Refusal took effect on 12 April 2012.

#### (T11-0352)

No. 4433, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Bathurst, Map Sheet (8630). Refusal took effect on 12 April 2012.

#### (T11-0353)

No. 4434, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Ashburnham and County of Bathurst, Map Sheet (8630). Refusal took effect on 12 April 2012.

#### (T11-0354)

No. 4435, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Ashburnham and County of Bathurst, Map Sheet (8630, 8631). Refusal took effect on 12 April 2012.

#### (T11-0355)

No. 4436, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Ashburnham, Map Sheet (8631). Refusal took effect on 12 April 2012.

#### (T11-0356)

No. 4437, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Ashburnham, County of Bathurst and County of Wellington, Map Sheet (8631, 8731). Refusal took effect on 12 April 2012.

#### (T11-0357)

No. 4438, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Bathurst and County of Wellington, Map Sheet (8731). Refusal took effect on 12 April 2012.

#### (T11-0358)

No. 4439, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Ashburnham and County of Wellington, Map Sheet (8631, 8731). Refusal took effect on 12 April 2012.

#### (T11-0359)

No. 4440, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), County of Ashburnham, Map Sheet (8531). Refusal took effect on 12 April 2012.

CHRIS HARTCHER, M.P., Minister for Resources and Energy NOTICE is given that the following applications for renewal have been received:

#### (07-2717)

Authorisation No. 435, COAL & ALLIED OPERATIONS PTY LTD (ACN 000 023 656), area of 79 hectares. Application for renewal received 18 April 2012.

#### (08-2671)

Exploration Licence No. 4962, TRITTON RESOURCES PTY LTD (ACN 100 095 494), area of 123 units. Application for renewal received 18 April 2012.

#### (12-2036)

Exploration Licence No. 5417, COAL & ALLIED OPERATIONS PTY LTD (ACN 000 023 656), area of 193 hectares. Application for renewal received 18 April 2012.

### (12-2035)

Exploration Licence No. 5418, COAL & ALLIED OPERATIONS PTY LTD (ACN 000 023 656), area of 38.2 hectares. Application for renewal received 18 April 2012.

#### (T01-0210)

Exploration Licence No. 5942, ALKANE RESOURCES LTD (ACN 000 689 216), area of 6 units. Application for renewal received 23 April 2012.

#### (07-0348)

Exploration Licence No. 7129, JANE MCCLURE, area of 4 units. Application for renewal received 20 April 2012.

#### (T07-0513)

Exploration Licence No. 7131, MINCOR COPPER PTY LTD (ACN 120 024 777), area of 31 units. Application for renewal received 19 April 2012.

#### (12-2066)

Exploration Licence No. 7514, GEOPROSPECT PTY LTD (ACN 139 704 993), area of 74 units. Application for renewal received 13 April 2012.

#### (T09-0190)

Exploration Licence No. 7556, BLIGH RESOURCES LIMITED (ACN 130 964 162), area of 72 units. Application for renewal received 26 March 2012.

CHRIS HARTCHER, M.P., Minister for Resources and Energy

#### **RENEWAL OF CERTAIN AUTHORITIES**

NOTICE is given that the following authorities have been renewed:

#### (12-0697)

Exploration Licence No. 6452, WHITE ROCK (MTC) PTY LTD (ACN 132 461 575), County of Buller, Map Sheet (9340), area of 45 units, for a further term until 21 July 2013. Renewal effective on and from 17 April 2012.

#### (12-0696)

Exploration Licence No. 6453, WHITE ROCK (MTC) PTY LTD (ACN 132 461 575), County of Drake, Map Sheet (9339, 9340, 9439), area of 19 units, for a further term until 21 July 2013. Renewal effective on and from 17 April 2012.

### (12-0043)

Exploration Licence No. 6854, EMX EXPLORATION PTY LTD (ACN 139 612 427), County of Yungnulgra, Map Sheet (7436), area of 20 units, for a further term until 8 August 2013. Renewal effective on and from 19 April 2012.

#### (07-0239)

Exploration Licence No. 6940, SMITH ENGINEERING SYSTEMS PTY LIMITED (ACN 102 841 109), County of Beresford, Map Sheet (8725), area of 14 units, for a further term until 6 November 2013. Renewal effective on and from 19 April 2012.

#### (10-2890)

Mining Purposes Lease No. 1389 (Act 1906), LAKECOAL PTY LTD (ACN 094 084 787) AND FASSI COAL PTY LTD (ACN 147 642 386), Parish of Wallarah, County of Northumberland, Map Sheet (9231-4-S), area of 866.2 square metres, for a further term until 14 May, 2031. Renewal effective on and from 30 March 2012.

> CHRIS HARTCHER, M.P., Minister for Resources and Energy

#### TRANSFER

#### (12-1528)

Exploration Licence No. 7394, formerly held by MIDWEST DEVELOPMENT CORPORATION PTY LIMITED (ACN 130 594 204), MID WEST PRIMARY PTY LTD (ACN 130 271 546) AND ROCKY POINT HOLDINGS PTY LTD (ACN 130 594 259) has been transferred to COBBORA HOLDING COMPANY PTY LIMITED (ACN 147 813 125). The transfer was registered on 19 April 2012.

> CHRIS HARTCHER, M.P., Minister for Resources and Energy

#### PLANT DISEASES (NSW FRUIT FLY EXCLUSION ZONE AND

#### Greater Sunraysia Pest Free Area) Order 2012

### under the Plant Diseases Act 1924

I, SATENDRA KUMAR, Director, Plant Biosecurity of the Department of Trade and Investment, Regional Infrastructure and Services, with the delegated authority of the Minister for Primary Industries in pursuance of section 3A of the Plant Diseases Act 1924 ("the Act"), and in pursuance of sections 3 (2) and 4 of the Act being of the opinion that the importation, introduction or bringing of host fruit into specified portions of New South Wales is likely to introduce the pest Queensland fruit fly (*Bactrocera tryoni*) into specified portions of New South Wales, make the following Order regulating the importation, introduction or bringing of host fruit into specified portions of New South Wales.

#### 1 Name of Order

This Order is the Plant Diseases (NSW Fruit Fly Exclusion Zone and Greater Sunraysia Pest Free Area) Order 2012.

2 Commencement

This Order commences on the date it is published in the NSW Government Gazette.

Interpretation

3

In this Order:

*approved treatment* means the treatment and manner and timing of harvest and packing relevant to the type of host fruit, as specified in Schedule 8.

*approved systems approach* means the risk management measures relevant to the type of host fruit, as specified in Schedule 9.

APVMA means the Australian Pesticides and Veterinary Medicines Authority.

- area freedom certificate means a certificate:
  - (a) approved by the officer responsible for plant biosecurity in the State or Territory where the host fruit was grown or packed, and
  - (b) certifying that the State or Territory or that part of the State or Territory where the host fruit was grown or packed is known to be free of Queensland fruit fly.
- *assorted tropical and sub-tropical fruits inedible peel* means the host fruit specified in Schedule 4, being host fruit classified as such in accordance with the Codex Classification of Foods and Animal Feeds.
- authorised person means an inspector or a person authorised pursuant to section 11 (3) of the Act.
- certificate means a Plant Health Certificate or a Plant Health Assurance Certificate.
- *Certification Assurance Arrangement* means an arrangement approved by the Department of Primary Industries which enables a business accredited under the arrangement to certify that certain quarantine requirements have been satisfied for the movement of host fruit to interstate and/or intrastate markets.
  - Note: An example of an approved Certification Assurance Arrangement is the Interstate Certification Assurance (ICA) Scheme.
- *citrus fruits* means the host fruit specified in Schedule 5, being host fruit classified as such in accordance with the Codex Classification of Foods and Animal Feeds.
- *composite lots* means a consignment comprising packages of different types of host fruit sourced from one or more suppliers.
- *Codex Classification of Foods and Animal Feeds* means the listing of food commodities in trade classified into groups on the basis of the commodity's similar potential for pesticides residues, as published by the Joint Food and Agriculture Organization of the United Nations (FAO)/World Health Organisation (WHO) Food Standards Programme Codex Alimentarius Commission (publication available at http://www.codexalimentarius.net).
- *free of broken skin* means the skin has no pre-harvest cracks, punctures, pulled stems or other breaks which penetrate through the skin and that have not healed with callus tissue.
- *fruiting vegetables, other than cucurbits* means the host fruit specified in Schedule 6, being host fruit classified as such in accordance with the Codex Classification of Foods and Animal Feeds.

Greater Sunraysia (NSW Portion) Pest Free Area means the portion of New South Wales described in Schedule 2.

*Greater Sunraysia (Victoria Portion) Pest Free Area* means the part of Victoria declared as a restricted area under section 20 of the Plant Health and Plant Products Act 1995 (Vic) for the control of Queensland fruit fly.

host fruit means the fruit specified in Schedule 3, being fruit which is susceptible to infestation by Queensland fruit fly.

lot means a discrete quantity of fruit received from one grower at one time.

- New South Wales Fruit Fly Exclusion Zone or NSW FFEZ means the portion of New South Wales specified in Schedule 1.
- outbreak area means an area within a 1.5 kilometre radius of the epicentre of an outbreak of Queensland fruit fly.
- *Plant Health Assurance Certificate* means a document (known as a Plant Health Assurance Certificate) issued by a business accredited under a Certification Assurance Arrangement.

#### Plant Health Certificate means a document (known as a Plant Health Certificate) issued by:

- (a) an authorised person; or
- (b) a person authorised to issue such a certificate under a law of another State or Territory that relates to plant biosecurity.

#### Queensland fruit fly means the pest Bactrocera tryoni (Froggatt).

suspension area means an area within a 15 kilometre radius of the epicentre of an outbreak of Queensland fruit fly (excluding an outbreak area).

the Act means the Plant Diseases Act 1924.

Note: Department, covering or package, inspector, occupier and owner all have the same meaning as in the Act.

### 4 Revocation

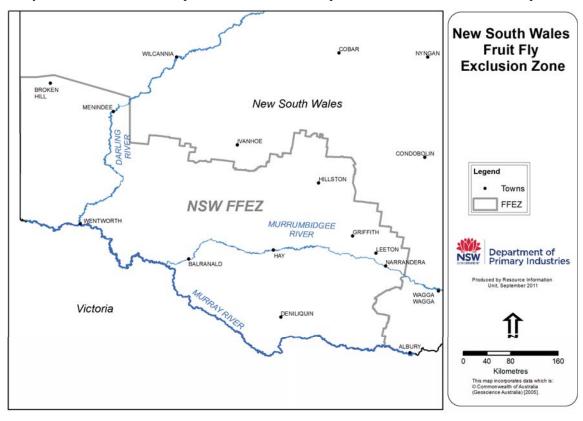
Pursuant to sections 4 and 3 (2) of the Act the Plant Diseases (NSW Fruit Fly Exclusion Zone and Greater Sunraysia Pest Free Area) Order 2011 published on the Department's internet website on 7 October 2011 and in *NSW Government Gazette* No. 99 of 14 October 2011 at pages 6058 to 6069, is revoked (as is any instrument revived as a result of this revocation).

### 5 Regulation of the movement of host fruit

- (1) Pursuant to section 4 (1) of the Act the importation, introduction or bringing of host fruit into specified portions of New South Wales is regulated as specified in this clause.
- (2) Host fruit from any area outside the NSW FFEZ must not be moved into the NSW FFEZ (excluding the Greater Sunraysia (NSW Portion) Pest Free Area) unless:
  - (a) the host fruit is grown and packed in a State or Territory or part of a State of Territory, for which an area freedom certificate is currently in force and the packaging containing the host fruit is legibly marked with:
    - (i) the name and postcode of the city or town nearest to the locality where the host fruit was grown; and
    - (ii) a description of the contents of the package; or
  - (b) the movement is as specified in Schedule 7 and complies with the relevant conditions of exception set out in Schedule 7.
- (3) Host fruit from any area outside the Greater Sunraysia (NSW Portion) Pest Free Area must not be moved into the Greater Sunraysia (NSW Portion) Pest Free Area, unless:
  - (a) the host fruit is grown and packed within the Greater Sunraysia (Victoria Portion) Pest Free Area (excluding any outbreak area and suspension area) and legibly marked with:
    - (i) the name and postcode of the city or town nearest to the locality where the host fruit was grown; and
    - (ii) a description of the contents of the package; or
  - (b) the movement is as specified in Schedule 7 and complies with the relevant conditions of exception set out in Schedule 7.
- (4) Host fruit grown and packed within the Greater Sunraysia (NSW Portion) Pest Free Area (excluding any outbreak area and suspension area) must not be moved into the NSW FFEZ unless the packaging containing the host fruit is legibly marked with:
  - (a) the name and postcode of the city or town nearest to the locality where the host fruit was grown; and
  - (b) a description of the contents of the package.
- (5) The movement of any host fruit in accordance with paragraph 1 of Schedule 7 must be accompanied by:
  - (a) a Plant Health Certificate certifying:
    - (i) the origin of the host fruit; and
    - (ii) that the host fruit has been grown and packed in an area free of Queensland fruit fly; or
  - (b) a Plant Health Assurance Certificate issued under a Certification Assurance Arrangement.
- (6) The movement of any host fruit in accordance with paragraph 2 of Schedule 7 must be accompanied by:
  - (a) a Plant Health Certificate certifying:
    - (i) the origin of the host fruit; and
    - (ii) that the host fruit has received an approved treatment; or
    - (iii) that the host fruit has been grown and packed in accordance with an approved systems approach; or
  - (b) a Plant Health Assurance Certificate issued under a Certification Assurance Arrangement.
- (7) Host fruit that has been moved in accordance with Schedule 7 and the accompanying certificate must, on arrival in the NSW FFEZ or the Greater Sunraysia (NSW Portion) Pest Free Area, be presented to:
  - (a) a business accredited under a Certification Assurance Arrangement; or
  - (b) an authorised person,
  - for verification that the host fruit corresponds with the accompanying certificate.

#### SCHEDULE 1 - New South Wales Fruit Fly Exclusion Zone

All land in the Local Government Areas of: Balranald, Berrigan, Broken Hill, Carrathool, Conargo, Deniliquin, Griffith, Hay, Jerilderie, Leeton, Murray, Murrumbidgee, Narrandera, Urana, Wakool, Wentworth and, that part of Central Darling Local Government Area, being the area south and west of Balaka Lake, and all of Corowa Local Government Area **EXCLUDING** that part of Corowa Local Government Area east of a line which commences at the intersection of Lavis Road, County of Hume, Parish of Quat Quatta, Local Government Area of Greater Hume and Carroll Lane, County of Hume, Parish of Quat Quatta, Local Government Area of Corowa, and proceeds in a generally southerly direction along Carroll Lane to where Carroll Lane intersects with the Riverina Highway and then continues along the same bearing as Carroll Lane until the line intersects with the Murray River, and all land in that part of the western unincorporated area of the State south of Stephens Creek.



SCHEDULE 2 - Greater Sunraysia (NSW Portion) Pest Free Area

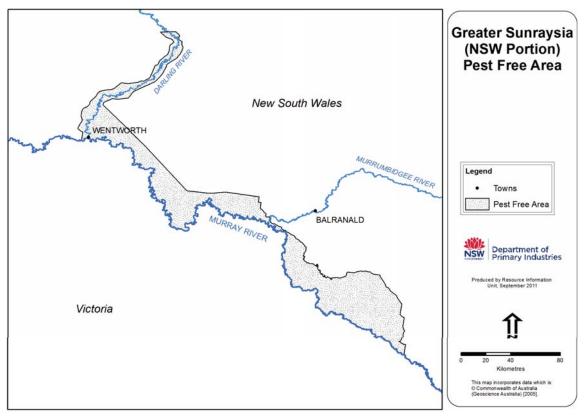
The area of land bounded by a line commencing at the intersection of the Murray River and the western boundary of the Parish of Wentworth, County of Wentworth, then in a generally northerly direction by the Parish of Wentworth boundary to its intersection with the Silver City Highway, then in a north westerly direction along the Silver City Highway to the intersection of the Silver City Highway and High Darling Road, then in a north easterly direction along High Darling Road to the intersection of High Darling Road and Polia Road, then in northerly direction along Polia Road to grid line 070 (grid reference 366070, Cuthero), then in a straight line in an easterly direction to Pooncarie – Menindee Road (grid reference 465070 Pooncarie), then in a south easterly direction along Pooncarie - Menindee Road, which becomes Tarcoola Street, which becomes Wentworth - Pooncarie Road, then in a generally south westerly direction along Wentworth - Pooncarie Road to the intersection of Wentworth – Pooncarie Road and an unnamed road (grid reference 943518, Para), then in a south westerly direction along the unnamed road to the intersection with an unnamed road (grid reference 204207, Mildura East), then in a south westerly direction along the unnamed road to the intersection with an unnamed road (grid reference 174111, Mildura East), then in a south easterly direction along the unnamed road to the intersection of the unnamed road and the Sturt Highway (grid reference 230035, Karadoc), then in a south easterly direction along the Sturt Highway to the intersection with an unnamed road (grid reference 537763, Robinvale), then in a northerly direction along the unnamed road to the intersection with an unnamed road (grid reference 547778, Robinvale), then in a generally easterly direction along the unnamed road to the intersection with Leslie Drive (grid reference 604767, Robinvale), then in an easterly direction along Leslie Drive to an intersection with an unnamed road (grid reference 620766, Robinvale), then along the unnamed road to an intersection with an unnamed road (grid reference 627765, Robinvale), then in a south easterly direction along the unnamed road to the intersection with the Sturt Highway (grid reference 631760, Robinvale), then in a generally easterly direction along the Sturt Highway to an intersection with an unnamed road (grid reference 988714, Waldaira Lake), then in a southerly direction along the unnamed road to the intersection with an unnamed road (grid reference 983675, Waldaira Lake), then in a generally south easterly direction along the unnamed road to the intersection with an unnamed road (grid reference 040600, Waldaira Lake), then in a straight line in a south easterly direction to the intersection of Weimby -Benongal Road and Weimby Road (grid reference 084536, Waldaira Lake), then in a south easterly direction along Weimby Road, which becomes Weimby - Kyalite Road, to the intersection of Weimby - Kyalite Road and an unnamed road (grid reference 256383, Windomal), then in a straight line in a southerly direction to Wakool River (grid reference 256348, Windomal), then in a south easterly direction along Wakool River to the intersection of Wakool River and Moulamein Road,

1007

then in a generally easterly direction along Moulamein Road, to the intersection with the Moulamein Barham Road, then in a generally south westerly direction along the Moulamein Barham Road to its intersection with the northern boundary of the Parish of Barham, County of Wakool, then in a generally south easterly direction along the eastern boundary of the Parish of Barham to its intersection with the Murray River, then in a generally north westerly direction along the Murray River to the point of commencement.

'Cuthero' 1:100,000 Topographic Map 7331
'Karadoc' 1:50,000 Topographic Map 7329-S
'Mildura East' 1:50,000 Topographic Map 7329-N
'Para' 1:100,000 Topographic Map 7330
'Pooncarie' 1:100,000 Topographic Map 7431
'Robinvale' 1:50,000 Topographic Map 7428-N
'Waldaira Lake' 1:50,000 Topographic Map 7528-N

'Windomal' 1:50,000 Topographic Map 7528-S



#### SCHEDULE 3 – Host fruit

Abiu Acerola Apple Apricot Avocado Babaco Banana Black sapote Blackberry Blueberry Boysenberry Brazil cherry (Grumichama) Breadfruit Caimito (Star apple) Cape gooseberry Capsicum Carambola (Starfruit) Cashew Apple Casimiro (White sapote) Cherimoya

Fig Granadilla Grape Grapefruit Guava Hog plum Jaboticaba Jackfruit Jew plum Ju jube Kiwifruit Lemon Lime Loganberry Longan Loquat Lychee (Litchi) Mandarin Mango

Feijoa

Papaya Peach Peacharine Pear Pepino Persimmon Plum Plumcot Pomegranate Prickly pear Pummelo (Pomelo) Quince Rambutan Raspberry Rollinia Rose apple Santol Sapodilla Shaddock Soursop

| OFFICIAL NOTICES | FICIAL NOTICES |  |
|------------------|----------------|--|
|------------------|----------------|--|

| Cherry                  | Mangosteen                                      | Sweetsop (Sugar apple)                   |  |
|-------------------------|---|--|--|
| Chilli                  | Medlar  | Strawberry                               |  |
| Citron                  | Miracle fruit                                   | Tamarillo                                |  |
| Cumquat                 | Mulberry  | Tangelo                                  |  |
| Custard apple           | Nashi   | Tomato                                   |  |
| Date                    | Nectarine                                       | Wax jambus                               |  |
| Durian                  | Orange  | -  |  |
| Eggplant                | Passionfruit                                    | Passionfruit                             |  |
| SCHEDUL                 | .E 4 – Assorted tropical and sub-tropical fruit | s – inedible peel                        |  |
| Avocado                 | Granadilla                                      | Persimmon (inedible peel varieties only) |  |
| Banana                  | Guava (inedible peel varieties only)            | Pomegranate                              |  |
| Black sapote            | Jackfruit                                       | Prickly pear                             |  |
| Breadfruit              | Kiwifruit (inedible peel varieties only)        | Rambutan                                 |  |
| Caimito (Star apple)    | Longan  | Sapodilla                                |  |
| Casimiro (White sapote) | Lychee (Litchi)                                 | Soursop                                  |  |
| Cherimoya               | Mango   | Sweetsop (Sugar apple)                   |  |
| Custard apple           | Mangosteen                                      | Wax jambus                               |  |
| Durian                  | Passionfruit                                    | -  |  |
| Feijoa                  | Papaya  |  |  |
|                         | SCHEDULE 5 – Citrus fruits                      |  |  |
| Citron                  | Lime  | Pummelo (Pomelo)                         |  |
| Grapefruit              | Mandarin  | Shaddock                                 |  |
| Lemon                   | Orange  | Tangelo                                  |  |
| SCI                     | HEDULE 6 – Fruiting vegetables, other than      | cucurbits                                |  |
|                         |   |  |  |
| Gape gooseberry         | Chilli  | Pepino                                   |  |

SCHEDULE 7 – Exceptions for movement of host fruit

# 1 Host fruit grown and packed in an area free of Queensland fruit fly

Movement of host fruit from an area free of Queensland fruit fly, subject to the following conditions:

- (a) Prior to movement, the owner or occupier of the property or facility where the host fruit originates must ensure that:
  - (i) any used packaging or coverings containing host fruit are free of soil, plant residues and other organic matter; and
  - (ii) any previous incorrect information displayed on the outer covering of the package is removed and the outer covering is legibly marked with the following information:
    - (A) the district of production; and
    - (B) the name, address, postcode and the State or Territory of both the grower and the packer; or where the packer is sourcing from multiple growers, the name, address, postcode and the State or Territory of the packer; and
    - (C) a brief description of the contents of the package;

or

1008

- (iii) where the property or facility is owned or occupied by a business accredited under a Certification Assurance Arrangement, the host fruit is packed and labelled in accordance with any conditions prescribed in the Certification Assurance Arrangement.
- Note: The procedure under an approved Certification Assurance Arrangement for the purposes of this clause is ICA-23 Certification of area or property freedom based on monitoring by the accrediting authority.

# 2 Host fruit that has received an approved treatment or that has been grown and packed in accordance with an approved systems approach

Movement of host fruit that has, prior to movement, received an approved treatment or that has been grown and packed in accordance with an approved systems approach, subject to the following conditions:

- (a) The owner or occupier of the property or facility from which the host fruit originates must ensure the host fruit remains under secure conditions which prevent infestation by Queensland fruit fly, from post harvest to the time of dispatch and transport; and
- (b) Prior to movement, the owner or occupier of the property or facility where the host fruit is packed must ensure that:
  - (i) any used packaging or coverings containing host fruit are free of soil, plant residues and other organic matter; and

- (ii) in the case of host fruit that has been consigned:
  - (A) as a lot for the purpose of producing smaller packs of host fruit and has been repacked in smaller packs; or
  - (B) as a packed lot for the purpose of producing composite lots,

the host fruit has been received, handled, stored and repacked under secure conditions which prevent infestation by Queensland fruit fly; and

- (iii) any individual package contains only one kind of host fruit; and
- (iv) all previous incorrect information displayed on the outer covering of the package is removed and the outer covering is legibly marked with the following information:
  - (A) the district of production; and
  - (B) the name, address, postcode and the State or Territory of both the grower and the packer; or where the packer is sourcing from multiple growers, the name, address, postcode and the State or Territory of the packer; and
  - (C) a brief description of the contents of the package;
  - or
- (v) where the property or facility is owned or occupied by a business accredited under a Certification Assurance Arrangement, the host fruit is packed and labelled in accordance with the Certification Assurance Arrangement.

SCHEDULE 8 – Approved treatments for host fruit

# 1 Definitions

In this Schedule:

- *hard condition*, in the case of avocados, means the flesh is not soft or softening, the skin is not cracked and there is no unbroken skin.
- *hard green condition*, in the case of bananas, means the fruit is hard and green, with no sign of colouration when assessed over the entire surface area and there is no unbroken skin.
- *immature green condition*, in the case of babaco and papaya (excluding defective flower-end type papaya), means the fruit is hard and green and has no ripe colouration.

mature green condition, in the case of:

- (a) babaco and papaya (excluding defective flower-end type papaya), means the fruit is hard and has no more than 25 % of ripe colouring at the time of packing.
- (b) bananas, means the flesh is hard and not flexible, the skin is green and shows no yellow colouration except for areas towards the flower end of a fruit where the sun has bleached the skin but the flesh beneath is still hard, and has no pre-harvest cracks, splits, punctures or other breaks that penetrate through to the flesh.
- (c) black sapote, means the skin is free from any black colouring and there is no unbroken skin.
- (d) passionfruit, means the skin is smooth and unwrinkled and there is no unbroken skin.
- (e) Tahitian lime, means the skin has no yellow colouration and there is no unbroken skin.
- *unbroken skin* means the skin has no pre-harvest cracks, punctures, pulled stems or other breaks which penetrate through the skin and that have not healed with callus tissue.

# 2 Dimethoate Dip

- (1) Assorted tropical and sub-tropical fruits inedible peel (excluding black sapote, breadfruit, jackfruit, longan, defective flower-end type papaya, mango, custard apple, cherimoya, soursop, sweetsop and other *Annona* spp.), abiu, rollinia, santol, and tamarillo:
  - (a) treated postharvest by full immersion in a dip containing 400 mg/L dimethoate for:
    - (i) a period of 1 minute; or
    - (ii) in the case of passionfruit, dipping for a period of 10 seconds provided the fruit remains wet for a further 60 seconds; and
  - (b) dipping must be the final treatment before packing.
- (2) Citrus fruits:
  - (a) treated postharvest by full immersion in a dip containing 400 mg/L dimethoate for a period of 1 minute; and
  - (b) dipping must be the final treatment before packing, except where a non-recovery gloss coating (wax) and/or compatible fungicide may be added within 24 hours of treatment.
- (3) Mangoes (Kensington Pride, Calypso, R2E2 and Honey Gold varieties only):
  - (a) a sample of the lot inspected before treatment and found free of Queensland fruit fly larvae; and
  - (b) treated postharvest by full immersion in a dip containing 400 mg/L dimethoate for a period of 1 minute; and
  - (c) dipping must be the final treatment before packing.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-01 Dipping with dimethoate or fenthion.

# 3 Dimethoate Flood Spray

- (1) Assorted tropical and sub-tropical fruits inedible peel (excluding black sapote, breadfruit, jackfruit, longan, defective flower-end type papaya, mango, custard apple, cherimoya, soursop, sweetsop and other *Annona* spp.), abiu, rollinia, santol, and tamarillo:
  - (a) treated postharvest by flood spraying in a single layer with a mixture containing 400 mg/L dimethoate at a rate of at least 16 L/minute/m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the fruit for a minimum of 10 seconds after which the fruit must remain wet for a further 60 seconds; and
  - (b) spraying must be the final treatment before packing.
- (2) Citrus fruits:
  - (a) treated postharvest by flood spraying in a single layer with a mixture containing 400 mg/L dimethoate at a rate of at least 16 L/minute/m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the fruit for a minimum of 10 seconds after which the fruit must remain wet for a further 60 seconds; and
  - (b) spraying must be the final treatment before packing, except where a non-recovery gloss coating (wax) and/ or compatible fungicide may be added within 24 hours of treatment.
- (3) Mangoes (Kensington Pride, Calypso, R2E2 and Honey Gold varieties only):
  - (a) a sample of the lot is inspected before treatment and found free of Queensland fruit fly larvae; and
  - (b) treated postharvest by flood spraying in a single layer with a mixture containing 400 mg/L dimethoate with a rate of at least 16 L/minute/m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the fruit for a minimum of 10 seconds after which the fruit must remain wet for a further 60 seconds; and
  - (c) spraying must be the final treatment before packing.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-02 Flood spraying with dimethoate or fenthion.

# 4 Fenthion Dip

- (1) Assorted tropical and sub-tropical fruits inedible peel (excluding caimito, mango, custard apple, cherimoya, soursop, sweetsop and other *Annona* spp. and defective flower-end type papaya):
  - (a) treated postharvest by full immersion in a dip containing 412.5 mg/L fenthion for:
    - (i) a period of 1 minute; or
    - (ii) in the case of longan, lycee, passionfruit and rambutan, dipping for a period of 10 seconds provided the fruit remains wet for a further 60 seconds; and
  - (b) dipping must be the final treatment before packing.
- (2) Fruiting vegetables, other than cucurbits (excluding hollow fruited capsicums and chillies):
  - (a) treated postharvest by full immersion in a dip containing 412.5 mg/L fenthion for a period of 1 minute; and
  - (b) dipping must be the final treatment before packing.
- (3) Mangoes (Kensington Pride, Calypso, R2E2 and Honey Gold varieties only):
  - (a) a sample of the lot inspected before treatment and found free of Queensland fruit fly larvae; and
  - (b) treated postharvest by full immersion in a dip containing 412.5 mg/L fenthion for a period of 1 minute; and
  - (c) dipping must be the final treatment before packing.
  - Note: The procedure under an approved Certification Assurance Arrangement is ICA-01 Dipping with dimethoate or fenthion.

# 5 Fenthion Flood Spray

- (1) Assorted tropical and sub-tropical fruits inedible peel (excluding mango, custard apple, cherimoya, soursop, sweetsop and other *Annona* spp. and defective flower-end type papaya):
  - (a) treated postharvest by flood spraying, in a single layer with a mixture containing 412.5 mg/L fenthion at a rate of at least 16 L/minute/m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the host fruit for a minimum of 10 seconds after which the host fruit must remain wet for a further 60 seconds; and
  - (b) spraying must be the final treatment before packing.
- (2) Fruiting vegetables, other than cucurbits:
  - (a) treated postharvest by flood spraying, in a single layer with a mixture containing 412.5 mg/L fenthion at a rate of at least 16 L/minute/m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the host fruit for a minimum of 10 seconds after which the host fruit must remain wet for a further 60 seconds; and
  - (b) spraying must be the final treatment before packing.
- (3) Mangoes (Kensington Pride, Calypso, R2E2 and Honey Gold varieties only):
  - (a) a sample of the lot inspected before treatment and found free of Queensland fruit fly larvae; and
    - (b) treated postharvest by flood spraying in a single layer with a mixture containing 412.5 mg/L fenthion at a rate of at least 16 L/minute/ m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the host fruit for a minimum of 10 seconds after which the host fruit must remain wet for a further 60 seconds; and

- (c) spraying must be the final treatment before packing.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-02 Flood spraying with dimethoate or fenthion.

# 6 Fenthion Non-Recirculating Spray

- (1) Avocados treated in a single layer non-recirculating system with a mixture containing 412.5 mg/L fenthion at a rate of at least 0.6 L/minute/m<sup>2</sup>, providing complete coverage of the host fruit for a minimum of 10 seconds after which the host fruit must remain wet for a further 60 seconds.
- (2) Mangoes (Kensington Pride, Calypso, R2E2 and Honey Gold varieties only):
  - (a) a sample of the lot inspected before treatment and found free of Queensland fruit fly larvae; and
  - (b) treated in a single layer non-recirculating system with a mixture containing 412.5 mg/L fenthion at a rate of at least 1.2 L/minute/m<sup>2</sup>, providing complete coverage of the host fruit for a minimum of 10 seconds after which the host fruit must remain wet for a further 60 seconds.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-03 Low volume non-recirculated spraying with fenthion.

### 7 Methyl Bromide Fumigation

Any host fruit:

- (a) fumigated postharvest with a fumigant containing 1000 g/kg methyl bromide as its only active constituent for 2 hours at the following rates:
  - (i)  $10.0^{\circ}C 14.9^{\circ}C$  at 48 g/m<sup>3</sup>; or
  - (ii)  $15.0^{\circ}C 20.9^{\circ}C$  at 40 g/m<sup>3</sup>; or
  - (iii)  $21.0^{\circ}C + at 32 g/m^3$ ; and
- (b) in the case of defective flower end-type papaya, is in a mature green condition.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-04 Fumigating with methyl bromide.

# 8 Postharvest Cold Treatment

- (1) Any host fruit (excluding lemons), treated postharvest at a temperature of:
  - (a)  $0^{\circ}C \pm 0.5^{\circ}C$  for a minimum of 14 days; or
  - (b)  $1.0^{\circ}C \pm 0.5^{\circ}C$  to  $3.0^{\circ}C \pm 0.5^{\circ}C$  for a minimum of 16 days.

(2) Lemons treated post harvest at a temperature of  $0.0^{\circ}C \pm 0.5^{\circ}C$  to  $3.0^{\circ}C \pm 0.5^{\circ}C$  for a minimum of 14 days.

Note: The procedure under an approved Certification Assurance Arrangement is ICA-07 Cold treatment.

### 9 Hot Water Treatment

Mangoes treated by full immersion in hot water at a temperature of 46.0°C for a minimum of 10 minutes, as measured in the water and at or as near as practicable to the seed of 3 fruits.

Note: The procedure under an approved Certification Assurance Arrangement is ICA-10 Hot water treatment of mangoes.

# 10 High Temperature Forced Air

Papaya treated in a hot air chamber, at a temperature of 47.2°C for at least 3.5 hours as measured in the seed cavity.

### **11 Vapour Heat Treatment**

Mangoes treated by vapour heat at a temperature of:

- (a) 46.5°C for 20 minutes; or
- (b) 47.0°C for 15 minutes.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-05 Vapour heat treatment of mangoes under AQIS supervision.

### 12 Gamma Irradiation

Any host fruit approved for irradiation by the Food Standards Australia New Zealand (FSANZ) treated post harvest with gamma irradiation at a minimum dose of 150Gy.

Note: The procedure under an approved Certification Assurance Arrangement is ICA-55 Irradiation treatment.

### 13 Mature green condition

(1) Black sapote, passionfruit and Tahitian lime harvested and packed in a mature green condition.

- Note: The procedure under an approved Certification Assurance Arrangement is ICA-15 Mature green condition of passionfruit, Tahitian limes and black sapotes.
- (2) Banana harvested and packed in a mature green condition.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-16 Certification of mature green condition of bananas.

## 14 Immature green condition

Papaya (excluding defective flower-end type papaya) and babaco harvested and packed in an immature green condition.
 Note: The procedure under an approved Certification Assurance Arrangement is ICA-08 Mature green condition and immature green condition of papaw and babaco.

## 15 Hard green condition

Bananas (Cavendish variety only) in a hard green condition at the time of packing.

Note: The procedure under an approved Certification Assurance Arrangement is ICA-06 Certification of hard green bananas.

# 16 Hard condition

Avocados (Hass and Lamb Hass cultivars only) harvested in a hard condition and stored in secured conditions within 24 hours of harvest.

Note: The procedure under an approved Certification Assurance Arrangement is ICA-30 Hard condition of avocado for Mediterranean fruit fly and Queensland fruit fly.

### 17 Unbroken skins

Durian, jaboticaba, jackfruit, longan, lychee, mangosteen, pomegranate and rambutan harvested and packed with unbroken skin.

Note: The procedure under an approved certification assurance arrangement is ICA-13 Unbroken skin condition of approved fruits.

# SCHEDULE 9 - Approved systems approaches for host fruit

# 1 Pre-harvest treatment and postharvest inspection

- (1) Capsicums and chillies:
  - (a) treated pre-harvest with dimethoate or fenthion in accordance with all label and APVMA permit directions for the in-field control of Queensland fruit fly; and
  - (b) inspected postharvest, where a sample of the lot is inspected and found free of Queensland fruit fly.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-26 Pre-harvest treatment and postharvest inspection of tomatoes, capsicums, chillies and eggplant.
- (2) Eggplants:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing 500 g/L trichlorfon applied a minimum of 21 days prior to harvest in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and
  - (b) inspected postharvest, where a sample of the lot is inspected and found free of Queensland fruit fly.

Note: The procedure under an approved Certification Assurance Arrangement is ICA-26 Pre-harvest treatment and postharvest inspection of tomatoes, capsicums, chillies and eggplant.

- (3) Tomatoes:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing:
    - (i) 550 g/L fenthion; or
    - (ii) 500 g/L trichlorfon applied a minimum of 21 days prior to harvest,
    - in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and

(b) inspected postharvest, where a sample of the lot is inspected and found free of Queensland fruit fly.

- Note: The procedure under an approved Certification Assurance Arrangement is ICA-26 Pre-harvest treatment and postharvest inspection of tomatoes, capsicums, chillies and eggplant.
- (4) Blueberries:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing:
    - (i) 400 g/L dimethoate; or
    - (ii) 500 g/L trichlorfon,

in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and

- (b) sampled and inspected postharvest and found free of Queensland fruit fly larvae.
- Note: The procedures under an approved Certification Assurance Arrangement are ICA 31 Pre-harvest insecticide treatment of blueberries and ICA-21 Pre-harvest treatment and inspection of stonefruit, pome fruit and blueberries.
- (5) Stonefruit:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing:
    - (i) 550 g/L fenthion; or
    - (ii) 500 g/L trichlorfon applied a minimum of 21 days prior to harvest,
    - in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and

- (b) inspected postharvest at the rate of 1 package in every 100 and found free of Queensland fruit fly larvae and free of broken skins.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-21 Pre-harvest treatment and inspection of stonefruit, pome fruit and blueberries.
- (6) Pomefruit:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing 500 g/L trichlorfon in accordance with all label directions for the control of Queensland fruit fly; and
  - (b) inspected postharvest at the rate of 1 package in every 100 and found free of Queensland fruit fly larvae and free of broken skins.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-21 Pre-harvest treatment and inspection of stonefruit, pome fruit and blueberries.
- (7) Table grapes:
  - (a) treated pre-harvest with a program of:
    - (i) bait sprays applied to every alternate row of vines at the rate of at least 100 mL per 8 m of vine, at a maximum interval of 7 days commencing 6 weeks prior to harvest to the completion of harvest with:
      - (A) an insecticide containing 15.4 L of 0.24 g/L spinosad per 100 L of water; or
      - (B) a mixture containing 2 L yeast autolysate protein and 435 mL of 1150 g/L maldison per 100 L of water; or
    - (ii) cover sprays applied to all vines:
      - (A) at a maximum interval of 14 days commencing at least 5 weeks prior to harvest with a mixture containing 75 mL of 550 g/L fenthion per 100 L of water; or
      - (B) with a chemical containing 500 g/L trichlorfon in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and
  - (b) inspected postharvest where a sample of the fruit is inspected and found free of Queensland fruit fly larvae.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-20 Pre-harvest treatment and inspection of grapes.
- (8) Strawberries grown in south east Queensland:
  - (a) treated with a program of Male Annihilation Technique (MAT) devices placed on the perimeter of the source property at 20 metre intervals; and
  - (b) treated with a program of bait sprays using a mixture of 15.4 L of 0.24 g/L spinosad per 100 L of water in accordance with all label requirements:
    - (i) at a rate of 1 litre per hectare applied to the perimeter of all strawberry blocks on the source property; and
    - (ii) at a maximum interval of 7 days commencing from:
      - (A) the time of planting; or
      - (B) in the case of ration crops (being the second or later crops taken from the regrowth of a crop after it has been harvested once) – 1 May; and
    - (iii) applied to the strawberry blocks until:
      - (A) the completion of harvest of all strawberries from the source property; or
      - (B) all strawberries have been removed from the block; or
      - (C) all strawberry plants have been sprayed out or removed from the block; or
      - (D) the pre-harvest cover spray program specified in paragraph 1 (8) (c) has commenced; and
  - (c) treated with a program of cover sprays applied to each block of strawberries grown on the property at an interval of every 7 to 10 days, commencing prior to 10 August until the completion of harvest:
    - (i) with a chemical containing:
      - (A) 500 g/L trichlorfon; or
      - (B) 440 g/L maldison; or
      - (C) 1000 g/L maldison; or
      - (D) 1150 g/L maldison,

in accordance with all APVMA permit directions for the control of Queensland fruit fly; or

- (ii) with:
  - (A) a chemical containing 120 g/L spinetoram applied at the maximum rate of 400 mL per hectare of plants and in accordance with APVMA permit and label directions; and
  - (B) a program of bait sprays applied in accordance with paragraph 1 (8) (b); and
- (d) grown under a field hygiene program including:
  - (i) the disposal of infested or untreated fruit; and
  - (ii) the management of abandoned or spent strawberry blocks,
  - in a manner generally accepted as likely to prevent the spread of Queensland fruit fly; and

- (e) inspected during harvest and postharvest in accordance with the specifications of ICA-34 Pre-harvest field control and inspection of strawberries and found free from live Queensland fruit fly infestation.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-34 Pre-harvest field control and inspection of strawberries.

# 2 Pre-harvest treatment and inspection, and post harvest treatment

- (1) Custard apple, cherimoya, soursop, sweetsop and other Annona spp:
  - (a) treated pre-harvest with a program of:
    - (i) cover sprays applied to all host fruit trees at a maximum interval of 14 days commencing 6 weeks prior to harvest to the completion of harvest with a mixture containing 75 mL of 550 g/L fenthion per 100 L of mixture; or
    - (ii) bait sprays applied at the rate of at least 100 mL to all host fruit trees at a maximum interval of 7 days commencing 6 weeks prior to harvest to the completion of harvest with a mixture containing:
      - (A) 2 L yeast autolysate protein and 435 mL of 1150 g/L maldison per 100 L of water; or
      - (B) 2 L yeast autolysate protein and 780 mL of 500 g/L trichlorfon per 100 L of water; or
      - (C) 15.4 L of 0.24 g/L spinosad per 100 L of water; and
  - (b) inspected postharvest where a sample of the lot is inspected and found free of Queensland fruit fly larvae and free of broken skins; and
  - (c) treated postharvest (final treatment before packing):
    - (i) by full immersion for a period of 1 minute in a dip containing:
      - (A) 400 mg/L dimethoate; or
      - (B) 412.5 mg/L fenthion; or
    - (ii) by flood spraying in a single layer at a rate of at least 16 L/minute/m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the fruit for a minimum of 10 seconds after which the fruit must remain wet for a further 60 seconds with a mixture containing:
      - (A) 400 mg/L dimethoate; or
      - (B) 412.5 mg/L fenthion.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-18 Treatment and inspection of custard apple and other *Annona* spp., in conjunction with ICA-01 Dipping with dimethoate or fenthion or ICA-02 Flood spraying with dimethoate or fenthion.
- (2) Mangoes (excluding Kensington Pride, Calypso, R2E2 and Honey Gold varieties):
  - (a) treated pre-harvest with a program of:
    - (i) cover sprays applied to all host fruit trees at a maximum interval of 14 days commencing 6 weeks prior to harvest to the completion of harvest with a mixture containing:
      - (A) 75 mL of 550 g/L fenthion per 100 L of mixture; or
      - (B) 75 mL of 400 g/L dimethoate per 100 L of mixture; or
    - (ii) bait sprays applied at the rate of at least 100 mL to all host fruit trees at a maximum interval of 7 days commencing 6 weeks prior to harvest to the completion of harvest with a mixture containing:
       (1) 15 4 L 50 24 m L = 100 L 5 m L
      - (A) 15.4 L of 0.24 g/L spinosad per 100 L of water; or
      - (B) 2 L yeast autolysate protein and 435 mL of 1150 g/L maldison per 100 L of water; and
  - (b) inspected postharvest where a sample of the lot is inspected and found free of Queensland fruit fly larvae; and
  - (c) treated postharvest (final treatment prior to packing):
    - (i) by full immersion for a period of 1 minute in a dip containing:
      - (A) 400 mg/L dimethoate; or
      - (B) 412.5 mg/L fenthion; or
    - (ii) by flood spraying in a single layer at a rate of at least 16 L/minute/m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the fruit for a minimum of 10 seconds after which the fruit must remain wet for a further 60 seconds with a mixture containing:
      - (A) 400 mg/L dimethoate; or
      - (B) 412.5 mg/L fenthion,
    - (iii) in a single layer non-recirculating system with a mixture containing 412.5 mg/L fenthion at a rate of at least 1.2 L/minute/m<sup>2</sup>, providing complete coverage of the host fruit for a minimum of 10 seconds after which the host fruit must remain wet for a further 60 seconds.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-19 Treatment and inspection of mangoes, in conjunction with ICA-01 Dipping with dimethoate or fenthion or ICA-02 Flood spraying with dimethoate or fenthion or ICA-03 Low volume non-recirculated spraying with fenthion.

# 3 Fruit fly monitoring, pre-harvest baiting, and postharvest inspection

- (1) Citrus fruits (excluding Meyer lemons) grown in the west of the coastal ranges and south of latitude 22 south and harvested during the period 1 March to 25 August inclusive:
  - (a) treated with a program of bait sprays applied to all host fruit trees in accordance with all label requirements at a maximum interval of 7 days commencing 12 weeks prior to harvest to the completion of harvest with:
    - (i) a mixture containing 2 L yeast autoylsate protein; and
      - (A) 435 mL of 1150 g/L maldison per 100 L of water; or
      - (B) 400 g of 500 g/kg chlorpyrifos per 100 L of water; or
      - (C) 400 mL of 500 g/L chlorpyrifos per 100 L of water; or
      - (D) 780 mL of 500 g/L trichlorofon per 100 L of water; or
    - (ii) a mixture containing 15.4 L of spinosad per 100 L of water; and
  - (b) treated with a program of Queensland fruit fly trapping and monitoring using at least 2 Lynfield or approved equivalent traps, placed so that every tree within the orchard is within 400 m of a trap, which are inspected at least every 7 days and found free of Queensland fruit flies; and
  - (c) inspected postharvest where a sample of the lot is inspected after packing and found free of Queensland fruit fly larvae.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-28 Pre-harvest treatment (bait spraying) and inspection of citrus.
- (2) Host fruit grown and packed within a suspension area (excluding an outbreak area) which is under an active eradication program:
  - (a) treated with a program of Queensland fruit fly trapping and monitoring with at least one Queensland fruit fly trap installed on the property, monitored in accordance with the Code of Practice for the Management of Queensland fruit fly; and
  - (b) treated with a program of bait sprays applied:
    - (i) a minimum of 2 weeks prior to harvest to the completion of harvest; and
    - (ii) to all host fruit trees with fruit at a stage susceptible to Queensland fruit fly (unless receiving an alternative program of cover sprays), and
    - (iii) in accordance with all label and APVMA permit directions; and
    - (iv) with a mixture containing:
      - (A) 435 mL of 1150 g/L maldison with 2 litres of yeast autolysate protein lure per 100 litres of water; or
      - (B) 15.4 L of 0.24 g/L spinosad per 100 L of water; and
  - (c) inspected postharvest in accordance with the specification of ICA-56 Pre-harvest baiting and inspection protocol for Pest Free Areas and found free of Queensland fruit fly infestation.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-56 Pre-harvest baiting and inspection protocol for Pest Free Areas.

### 4 Untreated wine grapes for processing

Wine grapes:

- (a) contained in bins or containers cleaned free from all plant debris and soil prior to packing and loading; and
- (b) transported in a vehicle ("the transport vehicle"):
  - (i) cleaned free from all plant debris and soil prior to movement; and
  - (ii) secured so as to prevent infestation by Queensland fruit fly and spillage during transportation by:
    - (A) covering with a tarpaulin, shade cloth, bin cover or other covering; or
      - (B) containing within the transport vehicle; and
  - (iii) travelling by the most direct route to the receiving processor; and
- (c) upon receipt at the receiving processor:
  - (i) processed within 24 hours of receipt; and
  - (ii) all measures to avoid spillage of host fruit are taken and where spillages occur, are disposed of in a manner generally accepted as likely to prevent the spread of Queensland fruit fly; and
  - (iii) all processing wastes are disinfested by heat or freezing or are buried.

Note: The procedure under an approved certification assurance arrangement is ICA-33 Movement of Wine Grapes. Dated this 23rd day of April 2012.

SATENDRA KUMAR, Director Plant Biosecurity Department of Trade and Investment, Regional Infrastructure and Services

Note: The Department's reference is O-408

## PLANT DISEASES (FRUIT FLY OUTBREAKS AMENDMENT) ORDER 2012

#### under the

#### Plant Diseases Act 1924

I, SATENDRA KUMAR, Director Plant Biosecurity of the Department of Trade and Investment, Regional Infrastructure and Services, with the delegated authority of the Minister for Primary Industries in pursuance of section 3A of the Plant Diseases Act 1924 ("the Act"), and in pursuance of sections 3 (2) and 4 of the Act being of the opinion that the importation, introduction or bringing of host fruit into specified portions of New South Wales is likely to introduce the pest Queensland fruit fly (*Bactrocera tryoni*) into specified portions of New South Wales, make the following Order regulating the importation, introduction or bringing of host fruit into specified portions of New South Wales.

## 1 Name of Order

This Order is the Plant Diseases (Fruit Fly Outbreaks Amendment) Order 2012.

# 2 Commencement

This Order commences on the date it is published in the NSW Government Gazette.

# 3 Amendment of Orders

- Each Order made pursuant to section 4 of the Act and specified in Schedule 1 to this Order is amended as follows:
- (a) by omitting clause 4 and inserting instead the provisions in Schedule 2 to this Order;
- (b) by omitting Schedule 8 titled "Exceptions for movement of host fruit" and inserting instead the provisions in Schedule 3 to this Order; and
- (c) by omitting Schedule 10 titled "Approved systems approaches for host fruit" and inserting instead the provisions in Schedule 4 to this Order

Dated this 23rd day of April 2012.

# SATENDRA KUMAR,

**Director Plant Biosecurity** 

Department of Trade and Investment, Regional Infrastructure and Services

Note: The Department's reference is O-409

| Department's<br>reference | Title of Order   | NSW Government Gazette reference            |
|---------------------------|--|---|
| O-376                     | Plant Diseases (Fruit Fly Outbreak, Darlington<br>Point NTN 2577) Order 2011             | GG No. 103 of 28.10.2011 at pages 6260-6279 |
| O-377                     | Plant Diseases (Fruit Fly Outbreak, Corbie Hill<br>NTN 2476) Order 2011                  | GG No. 103 of 28.10.2011 at pages 6280-6299 |
| O-378                     | Plant Diseases (Fruit Fly Outbreak, Pevensey<br>Place, Echuca) Order 2011                | GG No. 103 of 28.10.2011 at pages 6300-6319 |
| O-379                     | Plant Diseases (Fruit Fly Outbreak, Chester<br>Street, Barham) Order 2011                | GG No. 103 of 28.10.2011 at pages 6320-6339 |
| O-381                     | Plant Diseases (Fruit Fly Outbreak, Deniliquin)<br>Order 2011                            | GG No. 103 of 28.10.2011 at pages 6200-6219 |
| O-382                     | Plant Diseases (Fruit Fly Outbreak, Rutherglen)<br>Order 2011                            | GG No. 103 of 28.10.2011 at pages 6220-6239 |
| O-383                     | Plant Diseases (Fruit Fly Outbreak, Corowa)<br>Order 2011                                | GG No. 103 of 28.10.2011 at pages 6240-6259 |
| O-386                     | Plant Diseases (Fruit Fly Outbreak, Pooley<br>Street, Buronga) Order 2012                | GG No. 10 of 27.1.2012 at pages 208-224     |
| O-387                     | Plant Diseases (Fruit Fly Outbreak, Boynton<br>Lane, Balranald) Order 2012               | GG No. 10 of 27.1.2012 at pages 155-171     |
| O-388                     | Plant Diseases (Fruit Fly Outbreak, Wakool<br>Junction Road, Goodnight North) Order 2012 | GG No. 10 of 27.1.2012 at pages 172-188     |
| O-389                     | Plant Diseases (Fruit Fly Outbreak, Little Forest<br>Lane, Barham East) Order 2012       | GG No. 10 of 27.1.2012 at pages 189-205     |

# SCHEDULE 1

# SCHEDULE 2

## "Clause 4 Regulation of the movement of host fruit

- (1) Pursuant to section 4 (1) of the Act the importation, introduction or bringing of host fruit into specified portions of New South Wales is regulated as specified in this clause.
- (2) Host fruit that originates from or has moved through:
  - (a) the Outbreak Area must not be moved into the Suspension Area or the Outer Area;
  - (b) the Suspension Area must not be moved into the Outer Area,

except for such movements as are specified in Schedule 8 and which comply with the relevant conditions of exception set out in Schedule 8.

- (3) The movement of any host fruit in accordance with paragraph 1 of Schedule 8 must be accompanied by:
  - (a) a Plant Health Certificate certifying:
    - (i) the origin of the host fruit; and
    - (ii) that the host fruit has received an approved treatment; or
    - (iii) that the host fruit has been grown and packed in accordance with an approved systems approach; or
  - (b) a Plant Health Assurance Certificate issued under a Certification Assurance Arrangement.
- (4) The movement of any host fruit in accordance with paragraph 2 of Schedule 8 must be accompanied by:
  - (a) a Plant Health Certificate certifying:
    - (i) the origin of the host fruit; and
    - (ii) that the origin of the host fruit is an area free of Queensland fruit fly; or
  - (b) a Plant Health Assurance Certificate issued under a Certification Assurance Arrangement."

# SCHEDULE 3

### "Schedule 8 – Exceptions for movement of host fruit

# 1 Host fruit that has received an approved treatment or that has been grown and packed in accordance with an approved systems approach

Movement of host fruit that has, prior to movement, received an approved treatment or that has been grown and packed in accordance with an approved systems approach, subject to the following conditions:

- (a) The owner or occupier of the property or facility from which the host fruit originates must ensure the host fruit remains under secure conditions which prevent infestation by Queensland fruit fly, from post harvest to the time of dispatch and transport; and
- (b) Prior to movement, the owner or occupier of the property or facility where the host fruit is packed must ensure that:
  - (i) any used packaging or coverings containing host fruit are free of soil, plant residues and other organic matter; and
  - (ii) in the case of host fruit that has been consigned:
    - (A) as a lot for the purpose of producing smaller packs of host fruit and has been repacked in smaller packs; or
    - (B) as a packed lot for the purpose of producing composite lots,
    - the host fruit has been received, handled, stored and repacked under secure conditions which prevent infestation by Queensland fruit fly; and
  - (iii) any individual package contains only one kind of host fruit; and
  - (iv) all previous incorrect information displayed on the outer covering of the package is removed and the outer covering is legibly marked with the following information:
    - (A) the district of production; and
    - (B) the name, address, postcode and the State or Territory of both the grower and the packer; or where the packer is sourcing from multiple growers, the name, address, postcode and the State or Territory of the packer; and
    - (C) a brief description of the contents of the package;
    - 01
  - (v) where the property or facility is owned or occupied by a business accredited under a Certification Assurance Arrangement, the host fruit is packed and labelled in accordance with the Certification Assurance Arrangement.

# 2 Outer Area host fruit on a direct journey through the Outbreak Area or Suspension Area into the Outer Area

Movement of host fruit originating within the Outer Area and moving on a direct journey through the Outbreak Area or the Suspension Area into the Outer Area, subject to the following condition:

(a) The owner or occupier of the property or facility from which the host fruit originates must ensure the host fruit is securely transported to prevent infestation by Queensland fruit fly by covering with a tarpaulin, shade cloth, bin cover or other covering or contained within the covered transport vehicle so as to prevent infestation by Queensland fruit fly and spillage during transportation.

# 3 Untreated Suspension Area host fruit on a direct journey to an end destination having no restrictions on account of Queensland fruit fly

Movement of host fruit originating within the Suspension Area and moving on a direct journey to an end destination which has no restrictions on account of Queensland fruit fly, subject to the following conditions:

- (a) The owner or occupier of the property or facility from which the host fruit originates must ensure the host fruit remains under secure conditions which prevent infestation by Queensland fruit fly, from post harvest to the time of dispatch and transport; and
- (b) Prior to movement, the owner or occupier of the property or facility where the host fruit is to be packed must ensure:
  - (i) all bins or containers and any vehicles to be used for the transportation of host fruit ("transport vehicle") are free from all plant debris and soil prior to packing and loading; and
  - (ii) the transport vehicle is free of all soil and plant debris after loading; and
  - (iii) the host fruit is transported under secure conditions that include:
    - (A) unvented packages or vented packages with the vents secured with mesh with a maximum aperture of 1.6mm prior to dispatch; or
    - (B) shrink-wrapped and sealed as a palletised unit; or
    - (C) fully enclosed under tarpaulins, shade cloth, bin cover or other covering which provides a maximum aperture of 1.6mm,
    - so as to prevent infestation by Queensland fruit fly and spillage during transportation; and
  - (iv) the transport vehicle travels by the most direct route."

# SCHEDULE 4

# "Schedule 10 – Approved systems approaches for host fruit

# **1** Pre-harvest treatment and postharvest inspection

- (1) Capsicums and chillies:
  - (a) treated pre-harvest with dimethoate or fenthion in accordance with all label and APVMA permit directions for the in-field control of Queensland fruit fly; and
  - (b) inspected postharvest, where a sample of the lot is inspected and found free of Queensland fruit fly.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-26 Pre-harvest treatment and postharvest inspection of tomatoes, capsicums, chillies and eggplant.
- (2) Eggplants:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing 500 g/L trichlorfon applied a minimum of 21 days prior to harvest in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and
  - (b) inspected postharvest, where a sample of the lot is inspected and found free of Queensland fruit fly.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-26 Pre-harvest treatment and postharvest inspection of tomatoes, capsicums, chillies and eggplant.
- (3) Tomatoes:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing:
    - (i) 550 g/L fenthion; or
    - (ii) 500 g/L trichlorfon applied a minimum of 21 days prior to harvest,
    - in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and
  - (b) inspected postharvest, where a sample of the lot is inspected and found free of Queensland fruit fly.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-26 Pre-harvest treatment and postharvest inspection of tomatoes, capsicums, chillies and eggplant.
- (4) Blueberries:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing:
    - (i) 400 g/L dimethoate; or
    - (ii) 500 g/L trichlorfon,
    - in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and
  - (b) sampled and inspected postharvest and found free of Queensland fruit fly larvae.
- Note: The procedures under an approved Certification Assurance Arrangement are ICA 31 Pre-harvest insecticide treatment of blueberries and ICA-21 Pre-harvest treatment and inspection of stonefruit, pome fruit and blueberries.
- (5) Stonefruit:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing:
    - (i) 550 g/L fenthion; or
    - (ii) 500 g/L trichlorfon applied a minimum of 21 days prior to harvest,
    - in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and

- (b) inspected postharvest at the rate of 1 package in every 100 and found free of Queensland fruit fly larvae and free of broken skins.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-21 Pre-harvest treatment and inspection of stonefruit, pome fruit and blueberries.
- (6) Pomefruit:
  - (a) treated pre-harvest with a program of cover sprays with a chemical containing 500 g/L trichlorfon in accordance with all label directions for the control of Queensland fruit fly; and
  - (b) inspected postharvest at the rate of 1 package in every 100 and found free of Queensland fruit fly larvae and free of broken skins.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-21 Pre-harvest treatment and inspection of stonefruit, pome fruit and blueberries.
- (7) Table grapes:
  - (a) treated pre-harvest with a program of:
    - i) bait sprays applied to every alternate row of vines at the rate of at least 100 mL per 8 m of vine, at a maximum interval of 7 days commencing 6 weeks prior to harvest to the completion of harvest with:
      - (A) an insecticide containing 15.4 L of 0.24 g/L spinosad per 100 L of water; or
      - (B) a mixture containing 2 L yeast autolysate protein and 435 mL of 1150 g/L maldison per 100 L of water; or
    - (ii) cover sprays applied to all vines:
      - (A) at a maximum interval of 14 days commencing at least 5 weeks prior to harvest with a mixture containing 75 mL of 550 g/L fenthion per 100 L of water; or
      - (B) with a chemical containing 500 g/L trichlorfon in accordance with all label and APVMA permit directions for the control of Queensland fruit fly; and
  - (b) inspected postharvest where a sample of the fruit is inspected and found free of Queensland fruit fly larvae.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-20 Pre-harvest treatment and inspection of grapes.

#### 2 Pre-harvest treatment and inspection, and post harvest treatment

- (1) Custard apple, cherimoya, soursop, sweetsop and other Annona spp:
  - (a) treated pre-harvest with a program of:
    - (i) cover sprays applied to all host fruit trees at a maximum interval of 14 days commencing 6 weeks prior to harvest to the completion of harvest with a mixture containing 75 mL of 550 g/L fenthion per 100 L of mixture; or
    - (ii) bait sprays applied at the rate of at least 100 mL to all host fruit trees at a maximum interval of 7 days commencing 6 weeks prior to harvest to the completion of harvest with a mixture containing:
      - (A) 2 L yeast autolysate protein and 435 mL of 1150 g/L maldison per 100 L of water; or
      - (B) 2 L yeast autolysate protein and 780 mL of 500 g/L trichlorfon per 100 L of water; or
      - (C) 15.4 L of 0.24 g/L spinosad per 100 L of water; and
  - (b) inspected postharvest where a sample of the lot is inspected and found free of Queensland fruit fly larvae and free of broken skins; and
  - (c) treated postharvest (final treatment before packing):
    - (i) by full immersion for a period of 1 minute in a dip containing:
      - (A) 400 mg/L dimethoate; or
      - (B) 412.5 mg/L fenthion; or
    - (ii) by flood spraying in a single layer at a rate of at least 16 L/minute/m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the fruit for a minimum of 10 seconds after which the fruit must remain wet for a further 60 seconds with a mixture containing:
      - (A) 400 mg/L dimethoate; or
      - (B) 412.5 mg/L fenthion.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-18 Treatment and inspection of custard apple and other *Annona* spp., in conjunction with ICA-01 Dipping with dimethoate or fenthion or ICA-02 Flood spraying with dimethoate or fenthion.
- (2) Mangoes (excluding Kensington Pride, Calypso, R2E2 and Honey Gold varieties):
  - (a) treated pre-harvest with a program of:
    - (i) cover sprays applied to all host fruit trees at a maximum interval of 14 days commencing 6 weeks prior to harvest to the completion of harvest with a mixture containing:
      - (A) 75 mL of 550 g/L fenthion per 100 L of mixture; or
      - (B) 75 mL of 400 g/L dimethoate per 100 L of mixture; or

- (ii) bait sprays applied at the rate of at least 100 mL to all host fruit trees at a maximum interval of 7 days commencing 6 weeks prior to harvest to the completion of harvest with a mixture containing:(A) 15.4 L of 0.24 g/L spinosad per 100 L of water; or
  - (B) 2 L yeast autolysate protein and 435 mL of 1150 g/L maldison per 100 L of water; and
- (b) inspected postharvest where a sample of the lot is inspected and found free of Queensland fruit fly larvae; and
- (c) treated postharvest (final treatment prior to packing):
  - (i) by full immersion for a period of 1 minute in a dip containing:
    - (A) 400 mg/L dimethoate; or
    - (B) 412.5 mg/L fenthion; or
  - (ii) by flood spraying in a single layer at a rate of at least 16 L/minute/m<sup>2</sup> of the area being flood sprayed, providing complete coverage of the fruit for a minimum of 10 seconds after which the fruit must remain wet for a further 60 seconds with a mixture containing:
    - (A) 400 mg/L dimethoate; or
    - (B) 412.5 mg/L fenthion,
  - (iii) in a single layer non-recirculating system with a mixture containing 412.5 mg/L fenthion at a rate of at least 1.2 L/minute/m<sup>2</sup>, providing complete coverage of the host fruit for a minimum of 10 seconds after which the host fruit must remain wet for a further 60 seconds.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-19 Treatment and inspection of mangoes, in conjunction with ICA-01 Dipping with dimethoate or fenthion or ICA-02 Flood spraying with dimethoate or fenthion or ICA-03 Low volume non-recirculated spraying with fenthion.

# 3 Fruit fly monitoring, pre-harvest baiting, and postharvest inspection

- (1) Citrus fruits (excluding Meyer lemons) grown in the west of the coastal ranges and south of latitude 22 south and harvested during the period 1 March to 25 August inclusive:
  - (a) treated with a program of bait sprays applied to all host fruit trees in accordance with all label requirements at a maximum interval of 7 days commencing 12 weeks prior to harvest to the completion of harvest with:
    - (i) a mixture containing 2 L yeast autoylsate protein; and
      - (A) 435 mL of 1150 g/L maldison per 100 L of water; or
      - (B) 400 g of 500 g/kg chlorpyrifos per 100 L of water; or
      - (C) 400 mL of 500 g/L chlorpyrifos per 100 L of water; or
      - (D) 780 mL of 500 g/L trichlorofon per 100 L of water; or
    - (ii) a mixture containing 15.4 L of spinosad per 100 L of water; and
  - (b) treated with a program of Queensland fruit fly trapping and monitoring using at least 2 Lynfield or approved equivalent traps, placed so that every tree within the orchard is within 400 m of a trap, which are inspected at least every 7 days and found free of Queensland fruit flies; and
  - (c) inspected postharvest where a sample of the lot is inspected after packing and found free of Queensland fruit fly larvae.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-28 Pre-harvest treatment (bait spraying) and inspection of citrus.
- (2) Host fruit grown and packed within the Suspension Area (excluding the Outbreak Area) which is under an active eradication program:
  - (a) treated with a program of Queensland fruit fly trapping and monitoring with at least one Queensland fruit fly trap installed on the property, monitored in accordance with the Code of Practice for the Management of Queensland fruit fly; and
  - (b) treated with a program of bait sprays applied:
    - (i) a minimum of 2 weeks prior to harvest to the completion of harvest; and
    - (ii) to all host fruit trees with fruit at a stage susceptible to Queensland fruit fly (unless receiving an alternative program of cover sprays), and
    - (iii) in accordance with all label and APVMA permit directions; and
    - (iv) with a mixture containing:
      - (A) 435 mL of 1150 g/L maldison with 2 litres of yeast autolysate protein lure per 100 litres of water; or
      - (B) 15.4 L of 0.24 g/L spinosad per 100 L of water; and
  - (c) inspected postharvest in accordance with the specification of ICA-56 Pre-harvest baiting and inspection protocol for Pest Free Areas and found free of Queensland fruit fly infestation.
- Note: The procedure under an approved Certification Assurance Arrangement is ICA-56 Pre-harvest baiting and inspection protocol for Pest Free Areas.

# 4 Untreated wine grapes for processing

Wine grapes:

- (a) contained in bins or containers cleaned free from all plant debris and soil prior to packing and loading; and
- (b) transported in a vehicle ("the transport vehicle"):
  - (i) cleaned free from all plant debris and soil prior to movement; and
  - (ii) secured so as to prevent infestation by Queensland fruit fly and spillage during transportation by:
    - (A) covering with a tarpaulin, shade cloth, bin cover or other covering; or
    - (B) containing within the transport vehicle; and
  - (iii) travelling by the most direct route to the receiving processor; and
- (c) upon receipt at the receiving processor:
  - (i) processed within 24 hours of receipt; and
  - (ii) all measures to avoid spillage of host fruit are taken and where spillages occur, are disposed of in a manner generally accepted as likely to prevent the spread of Queensland fruit fly; and
  - (iii) all processing wastes are disinfested by heat or freezing or are buried.

Note: The procedure under an approved certification assurance arrangement is ICA-33 Movement of Wine Grapes."

# **PRIMARY INDUSTRIES**

### FISHERIES MANAGEMENT ACT 1994

FISHERIES MANAGEMENT (AQUACULTURE) REGULATION 2007

Clause 39 (4) – Notice of Aquaculture Lease Renewal

THE Minister has renewed the following Class 1 Aquaculture Leases:

OL81/195 within the estuary of the Hawkesbury River, having an area of 0.4192 hectares to Paul MOXHAM and Robert MOXHAM of Brooklyn, for a term of 15 years expiring on 3 December 2026.

OL94/045 within the estuary of Camden Haven, having an area of 1.4452 hectares to Brandon ARMSTRONG, Katrina ARMSTRONG and Jason ARMSTRONG of Bonny Hills, for a term of 15 years expiring on 16 July 2026.

OL94/046 within the estuary of Camden Haven, having an area of 1.0752 hectares to ROB ARMSTRONG OYSTERS PTY LTD of Laurieton, for a term of 15 years expiring on 16 July 2026.

OL68/476 within the estuary of the Clyde River, having an area of 0.6405 hectares to McASH OYSTERS PTY LTD of Moruya, for a term of 15 years expiring on 5 September 2026.

OL68/479 within the estuary of the Clyde River, having an area of 1.3771 hectares to McASH OYSTERS PTY LTD of Moruya, for a term of 15 years expiring on 5 September 2026.

AL00/040 within the estuary of Camden Haven, having an area of 0.9649 hectares to Brett HARPER and Tracey HARPER of Dunbogan, for a term of 15 years expiring on 31 December 2026.

OL64/170 within the estuary of Port Stephens, having an area of 0.8068 hectares to Trevor HOLBERT and Dorothy HOLBERT of Salamander Bay, for a term of 15 years expiring on 7 March 2027.

OL82/037 within the estuary of Port Stephens, having an area of 1.2274 hectares to Trevor HOLBERT and Dorothy HOLBERT of Salamander Bay, for a term of 15 years expiring on 30 March 2027.

Clause 37 (3) – Notice of Granting of Class 1 Aquaculture Lease

THE Minister has granted the following Class 1 Aquaculture Lease:

OL81/248 within the estuary of the Clyde River, having an area of 1.3779 hectares to Martin JACKSON of Bulli NSW, for a term of 15 years expiring on 11 November 2026.

> BILL TALBOT, Director, Aquaculture, Conservation and Marine Parks, Fisheries Division, NSW Department of Primary Industries

#### PLANT DISEASES ACT 1924

#### **Revocation of Appointments**

I, ANDREW COLIN SANGER, Director Agricultural Compliance, with the delegated authority of the Director General of the Department of Trade and Investment, Regional Infrastructure and Services, pursuant to section 28C of the Plant Diseases Act 1924 ("the Act") and pursuant to sections 3 (2) (a) and 11 (1) of the Act hereby revoke the appointment of each person named in Column 1 of the Schedule as an inspector under the Act as published in the *New South Wales Government Gazette* specified in Column 2 of the Schedule at the page specified in Column 3 of the Schedule, and any appointment revived as a result of this revocation.

#### **SCHEDULE**

| Column 1                 | Column 2                       | Column 3 |
|--------------------------|--------------------------------|----------|
| Robert BELATO            | No. 99 of<br>14 October 2011   | 6057     |
| Michael William<br>BEVAN | No. 99 of<br>14 October 2011   | 6057     |
| Phillip GRAY             | No. 99 of<br>14 October 2011   | 6057     |
| Luigi<br>PIROMALLI       | No. 99 of<br>14 October 2011   | 6057     |
| Maryanne NOLAN           | No. 137 of<br>29 November 1996 | 7755     |

Dated this the 20th of April 2012

A. C. SANGER, Director, Agricultural Compliance, Department of Primary Industries (an office within the Department of Trade and Investment, Regional Infrastructure and Services)

# LANDS

#### **ARMIDALE CROWN LANDS OFFICE** 108 Faulkner Street (PO Box 199A), Armidale NSW 2350 Phone: (02) 6770 3100 Fax (02) 6771 5348

#### **REVOCATION OF RESERVATION OF CROWN LAND**

PURSUANT to section 90 of the Crown Lands Act 1989, the reservation of Crown Land specified in Column 1 of the Schedule hereunder, is revoked to the extent specified opposite thereto in Column 2 of the Schedule.

> ANDREW STONER, M.P., Minister for Regional Infrastructure and Services

#### **SCHEDULE**

Column 1 Column 2 Land District: Inverell. The part being Lot 125, DP No. 820270, Parish Darby, Local Government Area: Guyra Shire Council. County Hardinge, of an area Locality: Tingha. of 1130 square metres. Reserve No.: 25558. Public Purpose: Temporary common. Notified: 27 February 1897. Lot 307, DP No. 753678, Parish Swinton, County Hardinge. Lot 185, DP No. 239337, Parish Swinton, County Hardinge. Lot 7017, DP No. 1030451, Parish Darby, County Hardinge. Lot 7003, DP No. 1030576, Parish Darby, County Hardinge. Lot 7324, DP No. 1156715, Parish Darby, County Hardinge. Lot 94, DP No. 753678, Parish Swinton, County Hardinge. Lot 7319, DP No. 1164823, Parish Swinton, County Hardinge. Lot 7318, DP No. 1164823, Parish Swinton, County Hardinge. Lot 7006, DP No. 1030473#, Parish Swinton, County Hardinge. Lot 7006, DP No. 96758#, Parish Swinton, County Hardinge. Lot 7022, DP No. 1127704, Parish Swinton, County Hardinge. Lot 7023, DP No. 1127762, Parish Swinton, County Hardinge. Lot 7024, DP No. 1127709, Parish Swinton, County Hardinge. Lot 7028, DP No. 1127701, Parish Swinton, County Hardinge. Lot 7032, DP No. 1127707, Parish Swinton, County Hardinge. Lot 7035, DP No. 1127699, Parish Swinton, County Hardinge. Lot 7037, DP No. 1127760, Parish Swinton, County Hardinge. Lot 7040, DP No. 1127765, Parish Swinton, County Hardinge. Lot 7038, DP No. 1127702, Parish Swinton, County Hardinge.

Lot 7308, DP No. 1162147, Parish Swinton, County Hardinge. Lot 7021, DP No. 1020998, Parish Darby, County Hardinge. Lot 125, DP No. 820270, Parish Darby, County Hardinge. Lot 7309, DP No. 1162148, Parish Swinton, County Hardinge. Lot 187, DP No. 239337, Parish Swinton, County Hardinge. Lot 186, DP No. 239337, Parish Swinton, County Hardinge. Lot 58, DP No. 753678, Parish Swinton, County Hardinge. Lot 7311, DP No. 1156735, Parish Copes Creek, County Hardinge. Lot 7011, DP No. 1075975#, Parish Copes Creek, County Hardinge. Lot 7008, DP No. 1075976#, Parish Copes Creek, County Hardinge. Lot 7012, DP No. 1075975#, Parish Copes Creek, County Hardinge. Lot 7013, DP No. 1075975#, Parish Copes Creek, County Hardinge. Lot 7306, DP No. 1156842#, Parish Swinton, County Hardinge. File No.: 10/05053.

Disclaimer: Please note that the above Lot numbers marked # are for Departmental use only.

#### ADDITION TO RESERVED CROWN LAND

PURSUANT to section 88 of the Crown Lands Act 1989, the Crown Land specified in Column 1 of the Schedule hereunder, is added to the reserved land as specified opposite thereto in Column 2 of the Schedule.

> ANDREW STONER, M.P., Minister for Regional Infrastructure and Services

#### **SCHEDULE**

| Column 1                 | Column 2                     |
|--------------------------|------------------------------|
| Land District: Armidale  | Reserve No. 1033748          |
| Local Government Area:   | Public Purpose: Access,      |
| Armidale Dumaresq        | government purposes, public  |
| Locality: Ebor           | recreation, and recreational |
| Lot 91, DP 751462        | fishing                      |
| Parish: Lookout          | Notified: 18 November 2011   |
| County: Clarke           | Lot 7338, DP 1165771         |
| Area: 1.523 hectares     | Parish: Wallarah             |
| File Reference: 08/10961 | County: Northumberland       |
|                          | New Area: Approx 37.143      |
|                          | hectares                     |

Note: This addition does not revoke any current reserves within these areas.

# GOULBURN OFFICE 159 Auburn Street (PO Box 748), Goulburn NSW 2580 Phone: (02) 4824 3700 Fax: (02) 4822 4287

### REVOCATION OF RESERVATION OF CROWN LAND

PURSUANT to section 90 of the Crown Lands Act 1989, the reservation of Crown Land specified in Column 1 of the Schedule hereunder, is revoked to the extent specified opposite thereto in Column 2 of the Schedule.

### KATRINA HODGKINSON, M.P., Minister for Primary Industries

### SCHEDULE

Column 1

# Column 2

Land District: Cooma. Local Government Area: Cooma-Monaro Shire Council. Locality: Dangelong. Reserve No.: 96849. Public Purpose: Future public requirements. Notified: 15 July 1983. File No.: 10/13425. The whole being Lot 72, DP No. 45228, Parish Throsby, County Beresford, of an area of 32.58 hectares.

Note: Disposal of Perpetual Lease 71412.

# GRIFFITH OFFICE 2nd Floor, Griffith City Plaza, 120–130 Banna Avenue (PO Box 1030), Griffith NSW 2680 Phone: (02) 6960 3600 Fax: (02) 6962 5670

# NOTIFICATION OF CLOSING OF A ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

> ANDREW STONER, M.P., Minister for Regional Infrastructure and Services

> > Description

Parish – Kolkilbertoo South; County – Cooper; Land District – Narrandera; L.G.A. – Bland

Road Closed: Lot 1, DP 1169108. File No.: 10/08433.

#### Schedule

On closing, the land within Lot 1, DP 1169108 remains vested in the State of New South Wales as Crown Land.

# **MAITLAND OFFICE**

Corner Newcastle Road and Banks Street (PO Box 6), East Maitland NSW 2323 Phone: (02) 4937 9300 Fax: (02) 4934 2252

# NOTIFICATION OF CLOSING OF A ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

> ANDREW STONER, M.P., Minister for Regional Infrastructure and Services

> > Description

Parish – Merriwa; County – Brisbane; Land District – Muswellbrook; LGA – Upper Hunter

Road Closed: Lot 1000, DP 1164395.

File No.: 09/09686

#### SCHEDULE

On closing, the land within Lot 1000, DP 1164395 becomes vested in the State of New South Wales as Crown land.

Council's reference: 301/08

# MOREE OFFICE Frome Street (PO Box 388), Moree NSW 2400 Phone: (02) 6750 6400 Fax: (02) 6752 1707

# NOTIFICATION OF CLOSING OF A ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

> ANDREW STONER, M.P., Minister for Regional Infrastructure and Services

> > Description

Parish – Narrabri; County – Nandewar; Land District – Narrabri; L.G.A. – Narrabri

Road Closed: Lot 1, DP 906656. File No.: 07/1848.

#### Schedule

On closing, the land within Lot 1, DP 906656 remains vested in the State of New South Wales as Crown Land.

# NEWCASTLE OFFICE 437 Hunter Street, Newcastle NSW 2300 (PO Box 2185, Dangar NSW 2309 Phone: (02) 4925 4104 Fax: (02) 4925 3517

# NOTIFICATION OF CLOSING OF PUBLIC ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the land comprised therein ceases to be a public road and the rights of passage and access that previously existed in relation to the road are extinguished. On road closing, title to the land comprising the former public road vests in the body specified in the Schedule hereunder.

> ANDREW STONER, M.P., Minister for Regional Infrastructure and Services

> > Description

Parish – Jerralong; County – Argyle; Land District – Goulburn; L.G.A. – Goulburn Mulwaree

Road Closed: Lot 1, DP 1173773 (not being land under the Real Property Act).

File No.: GB06 H 580.

#### Schedule

On closing, the land within Lot 1, DP 1173773 remains vested in the State of New South Wales as Crown Land.

# ORANGE OFFICE 92 Kite Street (PO Box 2146), Orange NSW 2800 Phone: (02) 6391 4300 Fax: (02) 6362 3896

## REVOCATION OF RESERVATION OF CROWN LAND

PURSUANT to section 90 of the Crown Lands Act 1989, the reservation of Crown Land specified in Column 1 of the Schedules hereunder, is revoked to the extent specified opposite thereto in Column 2 of the Schedules.

ANDREW STONER, M.P., Deputy Premier, Minister for Trade and Investment and Minister for Regional Infrastructure and Services

### **SCHEDULE** 1

#### Column 1

Land District: Orange. Local Government Area: Forbes Shire Council. Locality: Forbes. Reserve No.: 190058. Public Purpose: Aviation Purposes. Notified: 10 June 1988. File Reference: 11/09526. *Column 2* The whole being Lots 180, 193, 195, 197, 199 in DP 750136, and Lots 205, 206, 207 in DP 722288 and Lot 203 in DP 257578, Parish Bocobidgle, County Ashburnham, of an area of 74.54 hectares (as included in the area shaded red in the diagram below).

### SCHEDULE 2

#### Column 1

Land District: Orange. Local Government Area: Forbes Shire Council. Locality: Forbes. Reserve No: 4487. Public Purpose: Travelling Stock. Notified: 18 February 1888 and addition 3 September 1971. File Reference: 11/09526.

#### Column 1

Land District: Orange. Local Government Area: Forbes Shire Council. Locality: Forbes. Reserve No: 49440. Public Purpose: Travelling Stock and Camping. Notified: 12 November 1913. File Reference: 11/09526.

# Column 2

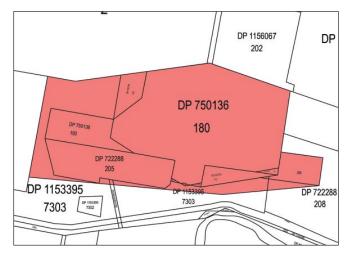
The part being Lots 192 and 196 in DP 750136 and that part of Lot 7303# in DP 1153395 (of approximately 14.5 hectares in area, to be identified by survey), Parish Bocobidgle, County Ashburnham, of an area of approximately 17.37 hectares (as included in the area shaded red in the diagram below)

# SCHEDULE 3

Column 2

The part being that part of Lot 208 in DP 722288 (of approximately 1.5 hectares in area, to be identified by survey), Parish Bocobidgle, County Ashburnham, of an area of approximately 1.5 hectares (as included in the area shaded red in the diagram below)

Note: The above Lot numbers marked # are for Departmental use only. Note the land is to be sold by private treaty.



#### WITHDRAWAL OF RESERVE FROM CONTROL OF LIVESTOCK HEALTH & PEST AUTHORITY

PURSUANT to section 86 (1) of the Rural Lands Protection Act 1998, the part of the reserve specified in Column 1 of the Schedules hereunder is withdrawn from the control of the authority specified opposite thereto in Column 2 of the Schedules.

ANDREW STONER, M.P., Deputy Premier, Minister for Trade and Investment and Minister for Regional Infrastructure and Services

### SCHEDULE 1

Column 1 Column 2 Land District: Orange. Lachlan Livestock Health Livestock Heath & Pest & Pest Authority. Authority District: Lachlan Local Government Area: Forbes Shire Council. Locality: Forbes. Part Reserve No. 4487 for the public purpose of travelling stock, notified in the New South Wales Government Gazette of 18 February 1888 and addition 3 September 1971, being an area of about 17.37 hectares and identified by Lots 192 and 196 in DP 750136, and that part of Lot 7303# in DP 1153395 (of approximately 14.5 hectares in area, to be identified by survey), Parish Bocobidgle, County Ashburnham, revoked this day. File Reference: 11/09526

Note: The above Lot numbers marked # are for Departmental use only.

1029

NEW SOUTH WALES GOVERNMENT GAZETTE No. 44

### SCHEDULE 2

Column 2

Column 1

Land District: Orange. Lachlan Livestock Health Livestock Heath & Pest & Pest Authority. Authority District: Lachlan Local Government Area: Forbes Shire Council. Locality: Forbes. Part Reserve No. 49440 for the public purpose of travelling stock and camping, notified in the New South Wales Government Gazette of 12 November 1913, being an area of about 1.5 hectares and identified by that part of Lot 208 in DP 722288 (of approximately 1.5 hectares in area, to be identified by survey), Parish Bocobidgle, County Ashburnham, revoked this day. File Reference: 11/09526

## ORDER – AUTHORISATION OF ADDITIONAL PURPOSE UNDER S121A

PURSUANT to section 121A of the Crown Lands Act 1989, I authorise by this Order, the purpose specified in Column 1 to be an additional purpose to the declared purpose of the reserves specified opposite thereto in Column 2 of the Schedule.

> ANDREW STONER, M.P., Minister for Regional Infrastructure and Services

> > Column 2

# SCHEDULE

Government purposes.

Column 1

Dedication No.: 1001061. Public Purpose: Shire council chambers. Notified: 1 April 1932. File No.: 12/02399.

# ASSIGNMENT OF NAME TO A RESERVE TRUST

PURSUANT to Clause 4 (3) of Schedule 8 of the Crown Lands Act 1989, the name specified in Column 1 of the Schedule hereunder, is assigned to the reserve trust constituted as trustee of the reserve specified opposite thereto in Column 2 of the Schedule.

ANDREW STONER, M.P., Minister for Regional Infrastructure and Services

### SCHEDULE

Column 1

Waugoola Building Reserve Trust. *Column 2* Dedication No.: 1001061. Public Purpose: Shire council chambers. Notified: 1 April 1932. File No.: 12/02399.

#### SYDNEY METROPOLITAN OFFICE Level 12, Macquarie Tower, 10 Valentine Avenue, Parramatta 2150 (PO Box 3935, Parramatta NSW 2124) Phone: (02) 8836 5300 Fax: (02) 8836 5365

#### PLAN OF MANAGEMENT FOR WAVERLEY PARK, BONDI JUNCTION, UNDER PART 5, DIVISION 6, OF THE CROWN LANDS ACT 1989 AND **CROWN LANDS REGULATION 2006**

A draft plan of management 2012 has been prepared for the Crown reserve described below, which is under the trust management of Waverley Council.

The draft plan can be viewed at Waverley Council Offices

55 Spring Street, Bondi Junction, Waverley Library, 32-48 Denison Street, Bondi Junction and Council's website www. waverley.nsw.gov.au.

The public are invited to make representations on the draft plan. The plan will be on exhibition from 27 April 2012 until 8 June 2012. Submissions will be received up until Friday 8 June 2012 and should be sent to Anna Tolich Landscape Architect Recreation Community Planning and Partnerships, Waverley Council, 31-33 Spring Street, Bondi Junction NSW 2022 or by email: AnnaT@waverley.nsw.gov.au.

ANDREW STONER, M.P., Minister for Regional Infrastructure and Services.

Description of Land

Land District – Metropolitan; L.G.A. – Waverley Parish – Alexandria; County – Cumberland

Crown Reserve D.500494 gazetted 1 November 1940 for the public purpose of public recreation and public park, being Lot 31 in DP 1087364. Location: Bondi Junction

File No.: 12/02715

#### **DISSOLUTION OF RESERVE TRUST**

PURSUANT to section 92 (3) of the Crown Lands Act 1989, the reserve trusts specified in Column 1 of the Schedule hereunder, which were established in respect of the reserves specified opposite thereto in Column 2 of the Schedule, are dissolved.

> KATRINA HODGKINSON, M.P., Minister for Primary Industries

#### **SCHEDULE**

## Column 1 Column 2 The Anglican portions of Anglican Cemetery Trust, Necropolis

Independent Cemetery Trust, Necropolis

| The Anglican   | portions of   |
|----------------|---------------|
| the Rookwood   | l Necropolis  |
| dedicated 7 A  | pril 1868 and |
| December 188   | 37 (D500912)  |
| File Reference | : 12/041393   |
| The Independ   | ent portions  |

of the Rookwood Necropolis dedicated 7 April 1868 and December 1887 (D500906) File Reference: 12/041393

| General Cemetery Trust,<br>Necropolis | The General portions of the<br>Rookwood Necropolis<br>dedicated 7 April 1868 and<br>December 1887 (D500913)<br>File Reference: 12/041393      |
|---------------------------------------|---|
| Jewish Cemetery Trust,<br>Necropolis  | The Jewish portions of the<br>Rookwood Necropolis<br>dedicated 7 April, 1868 and<br>December, 1887 (D500903)<br>File Reference: 12/041393     |
| Muslim Cemetery Trust,<br>Necropolis  | The Muslim portions of the<br>Rookwood Necropolis<br>dedicated 7 April, 1868<br>and December, 1887<br>(D5009042)<br>File Reference: 12/041393 |

#### ESTABLISHMENT OF RESERVE TRUST

PURSUANT to section 92 (1) of the Crown Lands Act 1989, the reserve trust specified in Column 1 of the Schedule hereunder is established under the name stated in that Column and is appointed as trustee of the reserve specified opposite thereto in Column 2 of the Schedule. The establishment of this trust is subject of a Ministerial directions under the provisions of section 111A, Crown Lands Act, found in Crown Lands files doc12/044713.

> KATRINA HODGKINSON, M.P., Minister for Primary Industries

#### **SCHEDULE**

| Column 1                                     | Column 2  |
|--|---|
| Rookwood General<br>Cemeteries Reserve Trust | The Anglican portions of<br>the Rookwood Necropolis<br>dedicated 7 April 1868 and 2<br>December 1887 (D5000912)   |
|  | The Independent portions of<br>the Rookwood Necropolis<br>dedicated 7 April 1868 and 2<br>December 1887 (D500906) |
|  | The General Portion of<br>the Rookwood Necropolis<br>dedicated 7 April 1868 and 2<br>December1887 (D500913)       |
|  | The Jewish Portion of the<br>Rookwood Necropolis<br>dedicated 7 April 1868 and 2<br>December1887 (D500903)        |
|  | The Muslim portion of<br>the Rookwood Necropolis<br>dedicated 7 April 1868 and 2<br>December1887 (D500904)        |
|  | File Reference: 12/041393   |

#### APPOINTMENT OF AN ADMINISTRATOR OF A RESERVE TRUST

PURSUANT to section 117 of the Crown Lands Act 1989, the person specified in Schedule 1 hereunder, is appointed to be the administrator of the reserve trust specified in Schedule 2, which is the trustee of the reserves referred to in Schedule 3, for a term up to six months commencing from the date of this notice.

> KATRINA HODGKINSON, M.P., Minister for Primary Industries

## SCHEDULE 1

Derek WILLIAMS

#### **SCHEDULE 2**

Rookwood General Cemeteries Reserve Trust

#### **SCHEDULE 3**

The Anglican portions of the Rookwood Necropolis dedicated 7 April 1868 and 2 December 1887 (D5000912)

The Independent portions of the Rookwood Necropolis dedicated 7 April 1868 and 2 December 1887 (D500906)

The General Portion of the Rookwood Necropolis dedicated 7 April 1868 and 2 December1887 (D500913)

The Jewish Portion of the Rookwood Necropolis dedicated 7 April 1868 and 2 December1887 (D500903)

The Muslim portion of the Rookwood Necropolis dedicated 7 April 1868 and 2 December 1887 (D500904)

File Reference: 12/041393

## TAMWORTH OFFICE 25-27 Fitzroy Street (PO Box 535), Tamworth NSW 2340 Phone: (02) 6764 5100 Fax: (02) 6766 3805

## APPOINTMENT OF ADMINISTRATOR TO MANAGE A RESERVE TRUST

PURSUANT to section 117, Crown Lands Act 1989, the person specified in Column 1 of the Schedule hereunder, is appointed as administrator for the term also specified, of the reserve trust specified opposite thereto in Column 2, which is trustee of the reserve referred to in Column 3 of the Schedule.

ANDREW STONER, M.P., Minister for Regional Infrastructure and Services

#### SCHEDULE

| Column 1          | Column 2                           | Column 3  |
|-------------------|------------------------------------|---|
| Peter<br>HOLLOWAY | Lake Keepit<br>State Park<br>Trust | Reservation No.: 1001338<br>Public Purpose: Public<br>recreation<br>Notified: 12 July 1974<br>File No.: 08/2246 |

For a term of six months commencing the day of this notice.

## WAGGA WAGGA OFFICE

Corner Johnston and Tarcutta Streets (PO Box 60), Wagga Wagga NSW 2650 Phone: (02) 6937 2700 Fax: (02) 6921 1851

## NOTIFICATION OF CLOSING OF A ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

> KATRINA HODGKINSON, M.P., Minister for Primary Industries

Description

Parish – Thugga; County – Hume; Land District – Albury; L.G.A. – Greater Hume Shire Council

Road Closed: Lot 1, DP 1170441. File No.: 11/07186.

Schedule

On closing, the land within Lot 1, DP 1170441 remains vested in the State of New South Wales as Crown Land.

Description

Parishes – Morven and Thugga; County – Hume; Land District – Albury; L.G.A. – Greater Hume Shire Council

Road Closed: Lot 2, DP 1170441. File No.: 11/07187.

Schedule

On closing, the land within Lot 2, DP 1170441 remains vested in the State of New South Wales as Crown Land.

## WESTERN REGION OFFICE 45 Wingewarra Street (PO Box 1840), Dubbo NSW 2830 Phone: (02) 6883 5400 Fax: (02) 6884 2067

#### ERRATUM

IN the notification appearing in the *New South Wales Government Gazette* of 9 March 2012, Folio 649, under the heading "Alteration of Purpose/Conditions of a Western Lands Lease" (being Western Lands Lease 10391), the purpose altered should read:

"The purpose/conditions of Western Lands Lease 10391, being the land contained within Folio Identifier 4363/767200 has been altered from "Grazing" to "Grazing and Cultivation (Dryland)" effective from 1 March 2012".

ANDREW STONER, M.P., Minister for Regional Infrastructure and Service

## WATER

## WATER MANAGEMENT ACT 2000

Order under Section 130 (2)

Inclusion of Land in Murray Irrigation's Area of Operations

PURSUANT to section 130 (2) of the Water Management Act, I, DAVID HARRISS, having delegated authority from the Minister for Primary Industries, do, by this Order, include the land listed in Schedule 1 within the area of operations of Murray Irrigation Limited.

This Order takes effect on the date that the Order is published in the NSW Government Gazette.

Signed at Albury this 5th day of April 2012.

DAVID HARRISS, Commissioner, NSW Office of Water Signed for the Minister for Primary Industries (by delegation)

## SCHEDULE 1

Lots 33, 34, 35, 110, 111, 112, 113, 24 and 39, DP 756353, Parish of Yalgadoori, County of Townsend.

# **Other Notices**

#### **APPRENTICESHIP AND TRAINEESHIP ACT 2001**

NOTICE is given that the Commissioner for Vocational Training has made Vocational Training Orders for the recognised traineeship vocations of:

- Furnishing Blinds and Awnings
- Furnishing Design of Kitchens, Bathrooms and Interior Spaces
- Furnishing Floor Technology
- Furnishing Furniture Finishing
- Furnishing Furniture Making
- Furnishing Kitchens and Bathrooms (Client Services)
- Furnishing Mattress and Base Making
- Furnishing Picture Framing
- Furnishing Security Screens and Grills
- Furnishing Soft Furnishing
- Furnishing Technology
- Furnishing Upholstery,

under section 6 of the Apprenticeship and Traineeship Act 2001.

The Orders specify a number of matters relating to the required training for these vocations, including the term/s of training, probationary period/s, and course/s of study to be undertaken.

The Orders will take effect from the date of publication in the NSW Government Gazette.

Copies of the Orders may be inspected at any State Training Services Regional Office of the Department of Education and Communities or on the Internet at https://www.training.nsw.gov.au/cib\_vto/cibs/cib\_538.html

Notice is also given that the recognised traineeship vocation of Furnishing is now repealed.

#### **APPRENTICESHIP AND TRAINEESHIP ACT 2001**

NOTICE is given that the Commissioner for Vocational Training has made Vocational Training Orders for the recognised trade vocations of:

- Furnishing Cabinet Making (Furniture)
- · Furnishing Cabinet Making (Kitchens and Bathrooms)
- Furnishing Floor Technology
- Furnishing Furniture Finishing
- Furnishing Glass and Glazing
- Furnishing Picture Framing
- Furnishing Upholstery
- Furnishing Wood Machining,

under section 6 of the Apprenticeship and Traineeship Act 2001.

The Orders specify a number of matters relating to the required training for these vocations, including the term/s of training, probationary period/s, and course/s of study to be undertaken.

The Orders will take effect from the date of publication in the NSW Government Gazette.

Copies of the Orders may be inspected at any State Training Services Regional Office of the Department of Education and Communities or on the Internet at https://www.training.nsw.gov.au/cib\_vto/cibs/cib\_537.html

#### **ASSOCIATIONS INCORPORATION ACT 2009**

Cancellation of Registration Pursuant to Section 80

TAKE notice that AUSTRALASIAN REPORTING AWARDS INCORPORATED (Y1510600) became registered under the Corporations Act 2001 as Australasian Reporting Awards Limited – ACN 145 956 172, a public company limited by guarantee on 27 September 2010 and accordingly its registration under the Associations Incorporation Act 2009 is cancelled as of that date.

Dated 23 April 2012.

SUSAN McLOUGHLIN. **NSW Fair Trading** 

#### ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Registration Pursuant to Section 80

TAKE notice that INTEREACH NSW INCORPORATED Y0072748 became registered under the Corporations Act 2001 as Intereach Limited - ACN 143 880 219, a public company limited by guarantee on 9 June 2010 and accordingly its registration under the Associations Incorporation Act 2009 is cancelled as of that date.

Dated 14 July 2011.

SUSAN McLOUGHLIN, NSW Fair Trading

#### **ASSOCIATIONS INCORPORATION ACT 2009**

Cancellation of Incorporation Pursuant to Section 76

TAKE notice that the incorporation of the following associations are cancelled by this notice pursuant to section 76 of the Associations Incorporation Act 2009.

Cancellation is effective as at the date of gazettal.

Griffith Cook Islands Community Incorporated -Inc9893330

Mittagong Hockey Club Incorporated - Y2284030

- The Bodhichitta Group Incorporated Inc9892718
- Mill Creek Settlement Property Owners Association Incorporated - Inc9882691
- Central Coast Youth Commitment Incorporated -Inc9879597
- Australian Indian Business Congress Incorporated -Inc9889921

F.A.B Star Youth Association Incorporated - Inc9891221 Relationship Skills Institute Incorporated – Inc9893247 Sydney Sudanese Youth Care Incorporated - Inc9886564 Australian Egyptian Human Rights Association

Incorporated - Inc9882105

Harbourfeast Incorporated – Inc9894855 Support – Support and Understanding for People Affected by Perinatal Depression – Outcomes, Risks and Treatments Incorporated – Inc9893576

Dated this 18th day of April 2012.

ROBYNE LUNNEY, Delegate of the Commissioner, NSW Fair Trading, Department of Finance & Services

## **COMPANION ANIMALS REGULATION 2008**

#### ORDER

Organisations Approved by the Chief Executive, Local Government, under Clause 16 (d) of the Companion Animals Regulation 2008

PURSUANT to clause 16 (d) of the Companion Animals Regulation 2008, the organisation listed in Schedule 1 is hereby approved, subject to the conditions contained in Schedule 2.

## SCHEDULE 1

| Name of organisation                      | Address of organisation                  | Name of contact<br>officer for<br>organisation |
|---|--|--|
| Border Rescue,<br>Grooming &<br>Transport | 20 Ambrose Crescent,<br>Wodonga Vic 3690 | Ms Karen<br>Thompson                           |

## SCHEDULE 2

- 1. The exemption under clause 16 (d) of the Companion Animals Regulation 2008 from the requirements of section 9 of the Companion Animals Act 1998 only applies to an animal in the custody of an organisation listed in Schedule 1 if the organisation is holding that animal for the sole purpose of re-housing the animal with a new owner.
- 2. The exemption under clause 16 (d) of the Companion Animals Regulation 2008 from the requirements of section 9 of the Companion Animals Act 1998 only applies to an animal in the custody of an organisation listed in Schedule 1 if the organisation maintains appropriate records that show compliance with the Companion Animals Act 1998, Companion Animals Regulation 2008 and the Guidelines for Approval to be an Organisation Exempt from Companion Animal Registration under clause 16 (d) of the Companion Animals Regulation 2008.
- 3. The exemption under clause 16 (d) of the Companion Animals Regulation 2008 from the requirements of section 9 of the Companion Animals Act 1998 only applies to an animal in the custody of an organisation listed in Schedule 1 if the organisation maintains a register that is made available to the relevant local council and the Division of Local Government, Department of Premier and Cabinet as requested. The Register must list the names of all carers involved in the rehoming of animals and the locations of all animals received under the exemption while in the custody of the organisation.

4. The exemption under clause 16 (d) of the Companion Animals Regulation 2008 from the requirements of section 9 of the Companion Animals Act 1998 expires five years from the date of this order, unless revoked or varied at an earlier time.

Date: 19 April 2012.

ROSS WOODWARD, Chief Executive, Local Government, Delegate of the Director General, Department of Premier and Cabinet

## **COMPANION ANIMALS REGULATION 2008**

#### ORDER

Organisations Approved by the Chief Executive, Local Government under Clause 16 (d) of the Companion Animals Regulation 2008

PURSUANT to clause 16 (d) of the Companion Animals Regulation 2008, the organisation listed in Schedule 1 is hereby approved, subject to the conditions contained in Schedule 2.

SCHEDULE 1

| Name of organisation | Address of organisation                     | Name of contact<br>officer for<br>organisation |
|----------------------|---|--|
| Maggie's<br>Rescue   | 72 Sutherland Street,<br>St Peters NSW 2044 | Ms Lisa Wright                                 |

## SCHEDULE 2

- 1. The exemption under clause 16 (d) of the Companion Animals Regulation 2008 from the requirements of section 9 of the Companion Animals Act 1998 only applies to an animal in the custody of an organisation listed in Schedule 1 if the organisation is holding that animal for the sole purpose of re-housing the animal with a new owner.
- 2. The exemption under clause 16 (d) of the Companion Animals Regulation 2008 from the requirements of section 9 of the Companion Animals Act 1998 only applies to an animal in the custody of an organisation listed in Schedule 1 if the organisation maintains appropriate records that show compliance with the Companion Animals Act 1998, Companion Animals Regulation 2008 and the Guidelines for Approval to be an Organisation Exempt from Companion Animal Registration under clause 16 (d) of the Companion Animals Regulation 2008.
- 3. The exemption under clause 16 (d) of the Companion Animals Regulation 2008 from the requirements of section 9 of the Companion Animals Act 1998 only applies to an animal in the custody of an organisation listed in Schedule 1 if the organisation maintains a register that is made available to the relevant local council and the Division of Local Government, Department of Premier and Cabinet as requested. The Register must list the names of all carers involved in the rehoming of animals and the locations of all animals received under the exemption while in the custody of the organisation.

1039

4. The exemption under clause 16 (d) of the Companion Animals Regulation 2008 from the requirements of section 9 of the Companion Animals Act 1998 expires five years from the date of this order, unless revoked or varied at an earlier time.

Date: 19 April 2012.

ROSS WOODWARD, Chief Executive, Local Government, Delegate of the Director General, Department of Premier and Cabinet

#### **DISTRICT COURT ACT 1973**

#### District Court of New South Wales

#### Direction

PURSUANT to section 32 of the District Court Act 1973, I direct that the District Court shall sit in its civil jurisdiction at the place and time shown as follows:

| Albury    | 10.00am | 17 September 2012 (1 week)<br>In lieu of 17 September 2012<br>(2 weeks)  |
|-----------|---------|--|
| Newcastle | 10.00am | 23 July 2012 (1 week)<br>In lieu of 23 July 2012<br>(2 weeks)            |
| Newcastle | 10.00am | 10 September 2012 (2 weeks)<br>In lieu of 10 September 2012<br>(3 weeks) |
| Taree     | 10.00am | 29 October 2012 (1 week)<br>In lieu of 22 October 2012<br>(2 weeks)      |

Dated this 23rd day of April 2012.

R. O. BLANCH, Chief Judge

#### **GEOGRAPHICAL NAMES ACT 1966**

Notice to Amend Address Locality Boundaries Within the North Sydney Local Government Area

PURSUANT to the provisions of section 10 of the Geographical Names Act 1966, the Geographical Names Board hereby notifies that it has this day amended the address locality boundaries of Cremorne and Cremorne Point in the North Sydney Local Government Area as shown on map GNB 3708-4.

The position and extent of these features are shown in the Geographical Names Register of New South Wales which can be viewed on the Geographical Names Board's internet site at www.gnb.nsw.gov.au

> KEVIN RICHARDS, Acting Secretary

Geographical Names Board, PO Box 143, Bathurst NSW 2795

#### **HERITAGE ACT 1977**

Notice of Listing on the State Heritage Register Under Section 37 (1) (b)

Royal National Park Coastal Cabin Communities of South Era, Little Garie and Burning Palms

#### SHR No. 01878

IN pursuance of section 37 (1) (b) of the Heritage Act 1977, the Heritage Council gives notice that the item of environmental heritage specified in Schedule "A" has been listed on the State Heritage Register in accordance with the decision of the Minister for Heritage to direct the listing. This listing applies to the curtilage or site of the item, being the land described in Schedule "B".

Sydney, this 7th day of February 2012.

Heritage Council of New South Wales

#### SCHEDULE "A"

The item known as Royal National Park Coastal Cabin Communities of South Era, Little Garie and Burning Palms, situated on the land described in Schedule "B".

#### SCHEDULE "B"

All those pieces or parcels of land known as Part of Lot 1, DP 752018; Lot 13, DP 752018 and Lot 44, DP 752018 and part of the unidentified land to the south west of Lot 1, DP 752018 in Parish of Bulgo, County of Cumberland, as shown on the plan catalogued HC 2513 in the office of the Heritage Council of New South Wales.

#### **HERITAGE ACT 1977**

Direction Pursuant to Section 34 (1) (a) to List an Item on the State Heritage Register

Royal National Park Coastal Cabin Communities of South Era, Little Garie and Burning Palms

#### SHR No. 01878

IN pursuance of section 34 (1) (a) of the Heritage Act 1977, I, the Minister for Heritage, having considered a recommendation of the Heritage Council of New South Wales, direct the Council to list the item of environmental heritage specified in Schedule "A" on the State Heritage Register. This listing shall apply to the curtilage or site of the item, being the land described in Schedule "B". The listing is subject to the exemptions from approval under section 57 (2) of the Heritage Act 1977, described in Schedule "C" and in addition to the standard exemptions.

Sydney, this 7th day of February 2012.

The Hon. ROBYN PARKER, M.P., Minister for Heritage

#### SCHEDULE "A"

The item known as Royal National Park Coastal Cabin Communities of South Era, Little Garie and Burning Palms, situated on the land described in Schedule "B".

#### SCHEDULE "B"

All those pieces or parcels of land known as Part of Lot 1, DP 752018; Lot 13, DP 752018 and Lot 44, DP 752018

and part of the unidentified land to the south west of Lot 1, DP 752018 in Parish of Bulgo, County of Cumberland, as shown on the plan catalogued HC 2513 in the office of the Heritage Council of New South Wales.

## SCHEDULE "C"

| PROPOSED EXEMPTIONS UNI   | DER SECTION 57 (2)  |      |
|---|---|------|
| Exemptions  | Reason/ comments  |      |
| 1. All Standard Exemptions  | These cover a full<br>range of activities<br>that do not require<br>Heritage Council<br>approval, including<br>Standard Exemption<br>7 which allows<br>consideration of<br>additional unspecified<br>types of minor works<br>for exemption.   | 3. 1 |
| <ol> <li>Agreed Future Works to the<br/>Cabins:         <ol> <li>Works and activities<br/>clearly identified in the<br/>"Condition Standards for<br/>Coastal Cabins within<br/>Royal National Park"<br/>and the Conservation<br/>Management Plan<br/>(Brooks July 2005) for<br/>cabin areas.</li> <li>Removal of three cabins<br/>that have been identified<br/>as requiring removal:<br/>cabin 15 South Era, cabin<br/>28 Burning Palms and<br/>cabin 29 Burning Palms.<br/>These cabins have been<br/>subject to a Review of<br/>Environmental Factors<br/>and a Heritage Impact<br/>Statement and approval<br/>for their removal has<br/>been given.</li> <li>Rebuilding of cabin<br/>28 in accordance with<br/>the 2008 Conservation<br/>Management Plan for<br/>the cabins and the Cabin<br/>Works Application<br/>Package.</li> <li>The removal or<br/>installation of ancillary<br/>service structures (which<br/>includes toilets and<br/>sheds associated with the<br/>cabins).</li> <li>Infrastructure<br/>maintenance and<br/>enhancement including<br/>energy saving works<br/>and the installation of<br/>sustainable technologies.</li> </ol> </li> </ol> | To ensure that future<br>planned works for<br>the cabins which are<br>designed to ensure<br>safe and appropriate<br>living conditions<br>and are considered<br>appropriate in<br>the Conservation<br>Management Plan<br>for the sites are<br>not subject to<br>unnecessary and<br>overly burdensome<br>approvals processes. |      |

| Exemptions   | Reason/ comments  |
|--|---|
| 6. Change of use of a small<br>number of unlicensed<br>or unoccupied cabins<br>to enable short term<br>stays by members of the<br>general public.  |   |
| 7. Public use cabins to be<br>brought up to Building<br>Code of Australia<br>requirements for public<br>accommodation buildings<br>if applicable.  |   |
| <ol> <li>Park Management Activities:</li> <li>Activities of a temporary<br/>nature associated with<br/>major events that are in<br/>accordance with the Plan<br/>of Management;</li> </ol>   | To ensure that<br>standard and<br>necessary National<br>Park management<br>requirements are not<br>subject to Approvals |
| <ol> <li>Fire management, bush<br/>regeneration, threatened<br/>species recovery and pest<br/>management activities<br/>except where there<br/>is a conflict with the<br/>identified significance.<br/>Such activities may<br/>include controlled<br/>burning, weed and feral<br/>animal eradication,<br/>spraying and research in<br/>accordance with relevant<br/>fire management plans,<br/>recovery plans, bush<br/>regeneration and pest<br/>management plans;</li> </ol> | under the Heritage<br>Act.  |
| 3. Track maintenance,<br>upgrades and<br>improvements subject to<br>Review of Environmental<br>Factors approval which<br>includes a Heritage<br>Impact Statement<br>and consideration of<br>archaeological features;   |   |
| <ol> <li>Installation of public<br/>toilets by PWG<br/>consistent with Plan of<br/>Management, subject to a<br/>Review of Environmental<br/>Factors which<br/>includes a Heritage<br/>Impact Statement<br/>and consideration of<br/>archaeological features.</li> </ol>  |   |

Г

#### **OFFICIAL NOTICES**

#### NATIONAL PARKS AND WILDLIFE ACT 1974

Watchimbark Nature Reserve and Goorooyarroo Nature Reserve Draft Plans of Management

DRAFT plans of management for the Watchimbark Nature Reserve and Goorooyarroo Nature Reserve have been prepared and are on exhibition until 30 July 2012.

Copies of the Watchimbark plan are available free of charge from the NPWS Barrington Tops Area office, 59 Church Street, Gloucester (phone 6538 5300), and the Hunter Region office, 12B Teramby Road, Nelson Bay (phone 4984 8200). Copies of the Goorooyarroo plan are available from the NPWS Queanbeyan Area office at 11 Farrer Place, Queanbeyan (phone 6229 7166). The plans are also on the website: www.environment.nsw.gov.au.

Written submissions on the Watchimbark plan must be received by The Ranger (Watchimbark Nature Reserve), NPWS, PO Box 236, Gloucester NSW 2337 by Monday, 30 July 2012. Written submissions on the Goorooyarroo plan must be received by The Planner (Goorooyarroo Nature Reserve), NPWS, PO Box 733, Queanbeyan NSW 2620 by Monday, 30 July 2012.

All submissions received by NPWS are a matter of public record and are available for public inspection upon request. Your comments on this plan may contain information that is defined as "personal information" under the NSW Privacy and Personal Information Protection Act 1998. The submission of personal information with your comments is voluntary.

#### SURVEYING AND SPATIAL INFORMATION ACT 2002

#### **Registration of Surveyors**

PURSUANT to the provisions of the Surveying and Spatial Information Act 2002, section 10 (1) (a), the undermentioned persons have been registered as Land Surveyors in New South Wales from the dates shown.

| Name                      | Address                               | Effective Date                   |
|---------------------------|---------------------------------------|----------------------------------|
| BLACK,<br>Jamie Richard   | 116 Military Road<br>Neutral Bay 2089 | 27 March 2012                    |
| CAMPBELL,<br>Thomas Frank | PO Box 372<br>Bungendore 2621         | 26 March 2012                    |
|                           | D. J. MOO<br>S. G. GLENCO             | NEY, President<br>RSE, Registrar |

Restoration of Name to the Register of Surveyors

PURSUANT to the provisions of the Surveying and Spatial Information Act 2002, section 10A (3), the undermentioned Land Surveyors has been restored to the Register of Surveyors.

| Name                       | Date of<br>Original<br>Registration | Removal<br>Date     | Restoration<br>Date |
|----------------------------|-------------------------------------|---------------------|---------------------|
| HAYES,<br>Wayne<br>Anthony | 9 October<br>2003                   | 1 September<br>2009 | 24 February<br>2012 |

D. J. MOONEY, President S. G. GLENCORSE, Registrar

#### **SYDNEY WATER ACT 1994**

#### LAND ACQUISITION (JUST TERMS COMPENSATION) Act 1991

Notice of Compulsory Acquisition of an Easement at Bidwill in the Local Government Area of Blacktown

SYDNEY WATER CORPORATION declares, with the approval of Her Excellency, the Governor, that the interest in land described in Schedule hereto are acquired by compulsory process under the provisions of the Land Acquisition (Just Terms Compensation) Act 1991 for the purpose of the Sydney Water Act 1994.

Dated at Parramatta this 19th day of April 2012.

Signed for Sydney Water Corporation by its Attorneys MARK ROWLEY and ROBERT EDWARD SEYMOUR who hereby state at the time of executing this instrument have no notice of the revocation of the Power of Attorney Registered No. 606, Book 4541, under the Authority of which this instrument has been executed.

#### SCHEDULE

 An Easement for Access and Services more fully described in Memorandum AE292282 lodged at the LPI, over all that piece or parcel of land in the Local Government Area of Blacktown, Parish of Rooty Hill, County of Cumberland and shown on Deposited Plan 1160656 as "(A) Proposed Easement for Services 8.27 wide (115.9m<sup>2</sup>)" affecting Lot 2 on Deposited Plan 1013498.

#### WORK HEALTH AND SAFETY REGULATION 2011

(Clause 684)

#### Exemption Order No. 002/12

I, Tony Robinson, Director, Specialist Services Group of the WorkCover Authority of New South Wales, pursuant to clause 684 of the Work Health and Safety Regulation 2011 grant the following exemption.

Work Health and Safety Regulation 2011

Exemption Order No. 002/12

1. Name of Order

This Exemption Order is the Work Health and Safety Regulation 2011 Exemption No. 002/12.

2. Commencement

This Order commences on the 27th day of April 2012, and has effect for a period of two years from that date.

#### 3. Exemption

Pesticide users who are staff or contractors of Endeavour Energy specified in Schedule 1are exempt from clause 65 of Schedule 18B of the Work Health and Safety Regulation 2011, subject to the conditions specified in Schedule 2.

#### **SCHEDULE 1**

1. Users, the pole asset inspection staff of Endeavour Energy and the contractors, who use the pesticides to control termites and treat timber under the instructions of Endeavour Energy.

#### SCHEDULE 2

- 1 The person with control of workplace or person with control of work, who authorises the use of pesticide to control termites and treat timber within the energy industry must:
  - a. ensure that the pesticides are only used by authorised persons;
  - b. meet all the relevant current requirements of the Pesticides Regulation 2009 including pesticide use notification and record keeping requirements;
  - c. have attained the relevant chemical user's qualification issued in accordance with Level 4 of the Australian Qualifications Framework (AQF) such as ChemCert or SMARTtrain that includes units AHCCHM401A Minimise risks in the use of chemicals and AHCCHM402A- Plan and implement a chemical use program;
  - d. have undergone the Pole Inspectors Training (TAFE Course No. 27510);
  - e. instruct those persons in the safe use of the pesticides and ensure that any hazards identified with such use have been assessed and adequately controlled and those persons are advised of the controls;
  - f. be satisfied those persons can be relied upon to use the pesticides without placing the health and safety of themselves or others at risk; and
  - g. ensure those persons are made aware of the application and limitations of this exemption order.
- 2. The person so authorised to use the pesticides to control termites and treat timber, in accordance with this exemption must:
  - a. be not less than eighteen (18) years of age;
  - b. meet all the relevant current requirements of the Pesticides Regulation 2009 including pesticide use notification and record keeping requirements;
  - c. have attained the relevant chemical user's qualification issued in accordance with Level 3 of the Australian Qualifications Framework (AQF) such as ChemCert or SMARTtrain that includes units AHCCHM303A Prepare and apply chemicals and AHCCHM304A Transport, handle and store chemicals;
  - d. have undergone the Pole Inspectors Training (TAFE Course No. 27510);
  - e. be able to communicate to a level that enables them to perform their duties safely; and
  - f. observe safe work practices at all times whilst using the pesticides and take action to prevent any person being placed at risk.

Dated this 17th day of April 2012.

TONY ROBINSON, Director, Specialist Services Group, Work Health and Safety Division, WorkCover Authority of New South Wales

#### WORK HEALTH AND SAFETY REGULATION 2011

(Clause 684)

#### Exemption Order No. 003/12

I, Tony Robinson, Director, Specialist Services Group of the WorkCover Authority of New South Wales, pursuant to clause 684 of the Work Health and Safety Regulation 2011 grant the following exemption.

#### Work Health and Safety Regulation 2011

#### Exemption Order No. 003/12

#### 1 Name of Order

This Exemption Order is the Work Health and Safety Regulation 2011 Exemption No. 003/12.

#### 2 Commencement

This Order commences on the 27th day of April 2012, and has effect for a period of two years from that date.

#### 3 Exemption

Pesticide users who are staff or contractors of Essential Energy specified in Schedule 1 are exempt from clause 65 of Schedule 18B of the Work Health and Safety Regulation 2011, subject to the conditions specified in Schedule 2.

#### **SCHEDULE 1**

1 Users, the pole asset inspection staff of Essential Energy and the contractors, who use the pesticides to control termites and treat timber under instructions from Essential Energy.

#### SCHEDULE 2

- 1 The person with control of workplace or person with control of work, who authorises the use of pesticide to control termites and treat timber within the energy industry must:
  - a. ensure that the pesticides are only used by authorised persons;
  - b. meet all the relevant current requirements of the Pesticides Regulation 2009 including pesticide use notification and record keeping requirements;
  - c. have attained the relevant chemical user's qualification issued in accordance with Level 4 of the Australian Qualifications Framework (AQF) such as ChemCert or SMARTtrain that includes units AHCCHM401A Minimise risks in the use of chemicals and AHCCHM402A Plan and implement a chemical use program;
  - d. have undergone the Pole Inspectors Training (TAFE Course No. 27510);
  - e. instruct those persons in the safe use of the pesticides and ensure that any hazards identified with such use have been assessed and adequately controlled and those persons are advised of the controls;
  - f. be satisfied those persons can be relied upon to use the pesticides without placing the health and safety of themselves or others at risk; and
  - g. ensure those persons are made aware of the application and limitations of this exemption order.
- 2 The person so authorised to use the pesticides to control termites and treat timber, in accordance with this exemption must:

- a. be not less than eighteen (18) years of age;
- b. meet all the relevant current requirements of the Pesticides Regulation 2009 including pesticide use notification and record keeping requirements;
- c. have attained the relevant chemical user's qualification issued in accordance with Level 3 of the Australian Qualifications Framework (AQF) such as ChemCert or SMARTtrain that includes units AHCCHM303A Prepare and apply chemicals and AHCCHM304A Transport, handle and store chemicals;
- d. have undergone the Pole Inspectors Training (TAFE Course No. 27510);
- e. be able to communicate to a level that enables them to perform their duties safely; and
- f. observe safe work practices at all times whilst using the pesticides and take action to prevent any person being placed at risk.

Dated this 17th day of April 2012.

TONY ROBINSON, Director, Specialist Services Group, Work Health and Safety Division, WorkCover Authority of New South Wales

## WORK HEALTH AND SAFETY REGULATION 2011

(Clause 684)

#### Exemption Order No. 004//12

I, Tony Robinson, Director, Specialist Services Group of the WorkCover Authority of New South Wales, pursuant to clause 684 of the Work Health and Safety Regulation 2011 grant the following exemption.

Work Health and Safety Regulation 2011

Exemption Order No. 004/12

1. Name of Order

This Exemption Order is the Work Health and Safety Regulation 2011 Exemption No. 004/12.

2. Commencement

This Order commences on the 27th day of April 2012, and has effect for a period of two years from that date.

3. Exemption

Pesticide users who are staff or contractors of Ausgrid specified in Schedule 1 are exempt from clause 65 of Schedule 18B of the Work Health and Safety Regulation 2011, subject to the conditions specified in Schedule 2.

## SCHEDULE 1

1 Users, the pole asset inspection staff of Ausgrid and the contractors, who use the pesticides to control termites and treat timber under instructions from Ausgrid.

## SCHEDULE 2

1. The person with control of workplace or person with control of work, who authorises the use of pesticide to control termites and treat timber within the energy industry must:

- a. ensure that the pesticides are only used by authorised persons;
- b. meet all the relevant current requirements of the Pesticides Regulation 2009 including pesticide use notification and record keeping requirements;
- c. have attained the relevant chemical user's qualification issued in accordance with Level 4 of the Australian Qualifications Framework (AQF) such as ChemCert or SMARTtrain that includes units AHCCHM401A Minimise risks in the use of chemicals and AHCCHM402A- Plan and implement a chemical use program;
- d. have undergone the Pole Inspectors Training (TAFE Course No. 27510);
- e. instruct those persons in the safe use of the pesticides and ensure that any hazards identified with such use have been assessed and adequately controlled and those persons are advised of the controls;
- f. be satisfied those persons can be relied upon to use the pesticides without placing the health and safety of themselves or others at risk; and
- g. ensure those persons are made aware of the application and limitations of this exemption order.
- 2. The person so authorised to use the pesticides to control termites and treat timber, in accordance with this exemption must:
  - a. be not less than eighteen (18) years of age;
  - b. meet all the relevant current requirements of the Pesticides Regulation 2009 including pesticide use notification and record keeping requirements;
  - c. have attained the relevant chemical user's qualification issued in accordance with Level 3 of the Australian Qualifications Framework (AQF) such as ChemCert or SMARTtrain that includes units AHCCHM303A Prepare and apply chemicals and AHCCHM304A Transport, handle and store chemicals;
  - d. have undergone the Pole Inspectors Training (TAFE Course No. 27510);
  - e. be able to communicate to a level that enables them to perform their duties safely; and
  - f. observe safe work practices at all times whilst using the pesticides and take action to prevent any person being placed at risk.

Dated this 17th day of April 2012.

TONY ROBINSON, Director, Specialist Services Group, Work Health and Safety Division, WorkCover Authority of New South Wales



# LOCAL COURT PRACTICE NOTE CRIM 1

ISSUED: 4 April 2012 COMMENCES: 1 May 2012

# Case management of criminal proceedings in the Local Court

| 1.<br>2.<br>3.           | APPLICATION<br>OBJECTS<br>COMMENCE                  | N<br>MENT  |              |                   |                  |
|--------------------------|---|--|--------------|-------------------|------------------|
| 5.<br>6.                 | SUMMARY C<br>VACATING H<br>AUDIO VISUA<br>DEFENDANT | RIMINAL TRIALS<br>EARING DATES .<br>AL LINK (AVL) FA<br>S WITH A MENTA | CILITIES     |                   | 2<br>5<br>6<br>7 |
|                          | SUMMARY   | HEARINGS FOR   | DOMESTIC VIC | DLENCE OFFENCES   | 10               |
| <b>PART</b><br>12.<br>13 | MERIT   |  |              |                   | 13               |
|                          |   | Notice of appear   |              | y criminal trials |                  |

- ATTACHMENT C Application to Vacate a Hearing Date
- ATTACHMENT D AVL Facilities

## 1045

# **PART A - INTRODUCTION**

## 1. APPLICATION

This Practice Note applies in relation to matters in the Local Court's criminal jurisdiction, including summary proceedings and proceedings for indictable offences being dealt with summarily.

## 2. OBJECTS

The objects of this Practice note are to ensure that matters in the Local Court's criminal jurisdiction are finalised in a timely and proper fashion in accordance with the Local Court's published time standards, and to set out practices in relation to other procedural or ancillary aspects of such proceedings.

## 3. COMMENCEMENT

This Practice Note commences on 1 May 2012.

## 4. **REVOCATION OF PRACTICE NOTES**

The following Practice Notes are repealed on the commencement of this Practice Note:

| (i)    | 1 of 2001 | Vacating hearing dates and applications for adjournment (insofar as it applies to criminal proceedings only)    |  |  |  |  |  |
|--------|-----------|---|--|--|--|--|--|
| (ii)   | 5 of 2002 | Magistrates Early Referral Into Treatment (MERIT) programme   |  |  |  |  |  |
| (iii)  | 3 of 2004 | Criminal proceedings involving child witnesses  |  |  |  |  |  |
| (iv)   | 4 of 2005 | Media access to sexual assault proceedings heard in camera  |  |  |  |  |  |
| (v)    | 4 of 2007 | Provision of Psychiatric Reports to Correctional Facilities   |  |  |  |  |  |
| (vi)   | 5 of 2007 | Procedures for persons in custody at Courts / Circuits with no AVL facilities                                   |  |  |  |  |  |
| (vii)  | 7 of 2007 | Listing Procedure for Summary Criminal Trials   |  |  |  |  |  |
| (viii) | 7 of 2008 | Use of Audio Visual Link in criminal and civil proceedings (insofar as it applies to criminal proceedings only) |  |  |  |  |  |
| (ix)   | 2 of 2010 | State Debt Recovery Office Annulment Applications   |  |  |  |  |  |
| (x)    | 2 of 2011 | Forum Sentencing Program  |  |  |  |  |  |
| (xi)   | 1 of 2012 | Procedures to be adopted for Domestic Violence matters  |  |  |  |  |  |

Page 1 of 19

# PART B – PROCEDURE

## 5. SUMMARY CRIMINAL TRIALS

## 5.1 Application

- (a) Subject to Chapter 10 (Summary hearings for domestic violence offences), this Chapter applies to:
  - Proceedings for summary offences, and
  - Proceedings for offences listed in Table 1 or 2 of Schedule 1 to the *Criminal Procedure Act* 1986 ('CPA') where no election to proceed on indictment has been made ('Table matters').

# 5.2 Objects

- (a) In addition to the objects specified in Part A, this Chapter has the objects of ensuring that:
  - summary criminal trials are heard within the Local Court's published time standards;
  - the unnecessary attendance at Court of prosecution witnesses who are not required for cross-examination is avoided; and
  - the legislative purpose in s 260 CPA in respect of Table matters is applied.
- (b) To achieve these objects, paragraphs 5.3 5.8 apply.

## 5.3 Table matters

- (a) On the first mention, if there is no decision as to whether or not an election is to be made in a Table matter:
  - (i) If the accused enters a plea of not guilty orders will be made for the service of the brief in accordance with paragraph 5.4;
  - (ii) If the accused enters a plea of guilty
    - the prosecution will be entitled to an adjournment for 2 weeks to consider whether or not to make an election; and
    - the facts are not to be tendered.
- (b) Pursuant to s 263(1) CPA, an election must be made on or by the first return date after an order is made for service of the brief of evidence (ordinarily, the second mention). The proceedings are to be dealt with summarily in accordance with this Chapter unless an election is made.
- (c) If an election is made, the matter is to proceed in accordance with Practice Note Comm 1.

Page 2 of 19

## 5.4 First mention

- (a) On the first mention, if the accused enters a plea of not guilty, a Magistrate or the Registrar is to:
  - (i) Make orders for service of the prosecution brief of evidence upon the accused in 4 weeks; and
  - (ii) Adjourn the proceedings for mention for reply in 6 weeks.

in all matters other than those mentioned in clause 21 of the Criminal Procedure Regulation 2010, which do not require a brief of evidence.

- (b) Where a plea of not guilty is entered in relation to a matter mentioned in clause 21 of the Criminal Procedure Regulation 2010 as a matter for which a brief of evidence is not required, the matter is to be listed for hearing without requiring the prosecution to serve a brief.
- (c) A brief of evidence must include a Court Listing Advice listing the statements contained within the brief in the form set out in Attachment A.
- (d) Service is to be effected upon the accused in accordance with the provisions of the Part 5 of the Local Court Rules 2009.

## 5.5 Second mention

On the second mention, unless the accused enters a plea of guilty, the Court will list the matter for hearing at the earliest available opportunity.

## 5.6 Adjournments

- (a) Adjournments or other variations to the above timetable will not be granted unless the Court is satisfied that departure from the timetable is in the interests of justice.
- (b) Failure to finalise a brief in accordance with the above timetable will not, of itself, provide the basis for an adjournment for further time for service of the brief. Unless a plea of guilty is entered or the interests of justice require otherwise, the Court will:
  - (i) List the matter for hearing; and
  - (ii) Order that the balance of the brief be served not less than 14 days prior to the allocated hearing date.
- (c) In the event the Court is informed of a failure to finalise a brief in accordance with the above timetable due to delays in forensic analysis of material, the Court will consider whether to grant an adjournment only if:

- (i) The party seeking the forensic analysis informs the Court of the date the material was sent for forensic analysis, and
- (ii) The Court is satisfied the results of the forensic analysis are likely to assist in the determination of the proceedings.

## 5.7 Matters where accused is legally represented

- (a) This paragraph applies only where the accused is represented by a barrister or a solicitor.
- (b) To assist in the prompt and effective service of the brief, the legal representative of the accused at the time of the making of the brief service order is to complete, sign and hand to both the prosecutor and the Court a Notice of Appearance (Attachment A).
- (c) Upon the adjourned date, in the event that a plea of not guilty is adhered to, the legal representative of the accused is to hand to the Court and to the prosecutor a completed Court Listing Advice (Attachment B).
- (d) The prosecution is required only to call at the hearing those witnesses nominated for cross-examination on the Listing Advice. A notation on the Court Listing Advice by the legal representative of the accused that a witness is not required to be called for cross-examination does not prevent the prosecution calling that witness in the prosecution case if the prosecutor is of the opinion the witness is required. The remainder of the brief of evidence must be tendered by the prosecution in its case.

## 5.8 Costs

Pursuant to s 216 CPA, the court may order that a party to pay such costs as it may determine where it is satisfied that the other party has incurred additional costs because of the unreasonable conduct or delays of the first party.

## 6. VACATING HEARING DATES

## 6.1 General

- (a) When a hearing date has been allocated, it will not be vacated unless the party seeking to vacate shows cogent and compelling reasons.
- (b) Any application to vacate a hearing date must be in writing in the form of Attachment C and must be made not less than 21 days prior to the allocated hearing date, or such other period (whether longer or shorter) as in the opinion of the presiding magistrate will allow time to list other matters for hearing on the date(s) to be vacated.
- (c) In the first instance the application shall be dealt with by a Magistrate in Chambers and shall only be listed in court at the direction of the Magistrate.
- (d) The party bringing the application must give notice to the opposing party or parties of the application.

## 6.2 Urgent applications

- (a) Where urgent and unforseen circumstances arise within the 21 days of the allocated hearing date, an application to vacate a hearing date should be made as soon as practicable after a party has become aware of grounds for such application and, in any event, not later than the next working day.
- (b) Upon an application to vacate a hearing date on the grounds of illness, the party making the application will be required to produce a medical certificate within a period specified by the court.

## 6.3 Change of plea

When instructions are received to enter a plea of guilty in a matter fixed for defended hearing, the prosecution and the court should be advised at the earliest opportunity.

# 7. AUDIO VISUAL LINK (AVL) FACILITIES

## 7.1 Procedures to be adopted for persons in custody at Courts/ Circuits with no AVL facilities

- (a) **Courts** <u>without</u> **AVL** facilities: Presiding magistrates at the Local Court locations without AVL facilities ('original courts') will adjourn all matters (other than matters for hearing or sentence) where accused persons are in custody, to the nearest or appropriate allocated courthouse with AVL facilities in accordance with the table set out at Attachment D.
- (b) **Courts with AVL facilities:** Presiding Magistrates at Local Court locations with AVL facilities will manage all matters involving persons in custody from surrounding courts including:
  - (i) Hearing of bail applications;
  - (ii) Making of brief orders;
  - (iii) Making of further brief orders;
  - (iv) Listing matters for hearing or sentence at the original Court;
  - (v) Adjournments.
- (c) When a matter from a surrounding court is ready to be listed for hearing or sentence, it will be necessary for the parties through the registrar at the Court with the AVL facility to ascertain a suitable date for the adjournment of the matter to the original court for hearing or sentence.
- (d) This Chapter does not affect arrangements currently in place for Centralised Committals nor the courts at which committal proceedings are dealt with.

## 8. DEFENDANTS WITH A MENTAL ILLNESS

## 8.1 Provision of Psychiatric Reports to Correctional Facilities

- (a) In many cases coming before the Court, psychiatric reports (including those from Justice Health prepared by Court Nurse Clinicians) are tendered during the proceedings. Often it would be of assistance to the Department of Corrective Services and prisoners if these reports were transported back to the prison with the prisoner. The Department of Corrective Services has agreed to facilitate this.
- (b) In cases where it is requested that a report accompany the prisoner, a separate copy of the report should be placed in a sealed envelope and addressed to the Nursing Unit Manager of the correctional centre or a nominated person within Justice Health.

## 8.2 Section 33(1)(a) applications

When making an order for a defendant to be taken to hospital for assessment and possible admission for treatment under section 33(1)(a) of the *Mental Health (Forensic Provisions) Act* 1990, no bail determination is required. A bail determination is not to be made unless and until the person is brought back before the Court after not being admitted for treatment.

## 9. MEDIA RECORDING OF PROCEEDINGS

## 9.1 Object

- (a) This Chapter sets out the procedure for making arrangements pursuant to section 9(2)(a) of the *Court Security Act* 2005 for the recording and dissemination of court proceedings by media representatives.
- (b) The object of this Chapter is to facilitate the fair and accurate reporting of proceedings having regard to the principle of open justice.

# 9.2 Definitions

In this Chapter:

- **media representative** means a person with appropriate professional identification who is engaged in preparing a report of court proceedings for a recognised media organisation;
- **publication** means the publishing, broadcasting, transmitting, printing or disseminating by other means of all or part of a recording, whether on the Internet or otherwise;
- **recording** means the capturing on a medium of audio and/or visual content.

## 9.3 Application

- (a) A media representative seeking to use a recording device in court at the hearing of a proceeding must apply to the presiding Magistrate through the registrar of the court where the proceeding is to be held.
- (b) Wherever possible, the application is to be made prior to the date of hearing and will be dealt with in chambers. This is to ensure that, where an application is approved, suitable arrangements for the placement of recording devices can be made where required prior to the proceeding being held.

## 9.4 Determination

- (a) Determination of whether or not to approve an application to use a recording device in court is at the discretion of, and subject to any reasonable conditions imposed by, the presiding Magistrate.
- (b) In making a determination referred to in sub-paragraph (a), the presiding Magistrate may consider to whether it is in the interests of justice to allow the application, having regard to:
  - (i) The principle of open justice;
  - (ii) The purpose for which the approval to use a recording device in the courtroom is sought;

- (iii) Any disruption or other adverse effect that use of a recording device in the courtroom may have upon the conduct of the proceeding, or any party or other participant in the proceeding;
- (iv) Any other matter the Magistrate considers relevant.

## 9.5 Conditions upon approved use of recording device

- (a) Without limiting sub-paragraph 9.4(a), the following standard conditions will apply to the use of a recording device in court unless varied by the presiding Magistrate:
  - (i) The use of a recording device must not cause any disruption to the proceeding. The presiding Magistrate may direct a media representative to cease using a recording device in the event that the Magistrate is of the view that a disruption is being caused.
  - (ii) A recording device must not be used to record the private conversations of any person in the courtroom before, during or after the proceeding.
  - (iii) Only one recording device will be permitted in the courtroom. It is a condition of approval that access to any recording made in court is to be shared amongst media organisations if media representatives from more than one media organisation wish to access the recording.
  - (iv) Only sound or images of the presiding Magistrate may be recorded, unless the prior approval of the Magistrate to record sound or images of another person in the courtroom is sought and obtained prior to the hearing.

## 9.6 Costs

Any additional costs incurred in making arrangements for media recording pursuant this Chapter are to be met by the media representative. The presiding Magistrate may require an undertaking to be given by the media representative when making an application to pay any additional costs.

# **PART C – SPECIFIC PROCEEDINGS**

## 10. SUMMARY HEARINGS FOR DOMESTIC VIOLENCE OFFENCES

## 10.1 Application

This Chapter applies to all summary proceedings in respect of domestic violence offences, as defined in section 11 of the *Crimes (Domestic and Personal Violence) Act* 2007, that are listed for mention or hearing in the Local Court of New South Wales.

## 10.2 Object

- (a) The object of this Chapter is to ensure that, where appropriate, pleas of guilty are entered at the first available opportunity and if a plea of not guilty is entered that a hearing occurs with expedition.
- (b) The time standard applying to such matters is that the matter will be listed for hearing within 3 months of the charges being laid.

## 10.3 Procedure

To achieve the object set out in paragraph 10.2, the following practice directions apply:

- (a) Where a person is charged with a domestic violence offence, the prosecution shall serve on the defendant at the first available opportunity, and not later than the first mention date in court a copy of the main parts of the brief of evidence upon which the prosecution relies. The brief may be served by e-mail upon the defendant's representative. The main part of the brief is to include:
  - (i) The alleged facts;
  - (ii) A copy of the victim's statement; and
  - (iii) Any photographs on which the prosecution will rely.
- (b) The court may require the defendant to enter a plea at the first time the matter is mentioned in court. If no plea can be entered at that time, the court will allow an adjournment of not more than 7 days for a plea to be entered.
- (c) Unless a plea of guilty is entered, that matter shall be adjourned to a hearing date, with a direction that the balance of the brief be served not less than 14 days before the date fixed for hearing, in accordance with s 183 of the *Criminal Procedure Act* 1986.
- (d) Where the defendant is legally represented, within 7 days of the service of the balance of the brief, the prosecutor should be advised of which witnesses are required for cross examination and which if any witnesses statements can be tendered without the need to call them for cross-examination.

(e) In the event that representations are sought to be made to Police, the making of representation will not delay the listing of a hearing or any other part of these standard directions.

## 10.4 Interpretation

This Chapter does not operate to make any written statement admissible in a proceeding for a domestic violence matter if it is not otherwise admissible.

# 11. SDRO ANNULMENT APPLICATIONS

## 11.1 Application

The procedures outlined in this Practice Note set out the manner in which an appeal against a refusal by the State Debt Recovery Office (SDRO) to grant an annulment of a penalty notice enforcement order pursuant to section 50 of the *Fines Act* 1996 (*an appeal*) and, if the appeal is granted, subsequent proceedings for the offence are to proceed.

## 11.2 Lodging an appeal

An appeal may be lodged at *any* Local Court Registry.

## 11.3 Appearances by the SDRO

- (b) The SDRO may make written submissions on the appeal instead of being legally represented.
- (c) The SDRO's submissions must include a copy of the penalty notice enforcement order, and:
  - (i) The name and address for service of the prosecuting authority, and
  - (ii) The driver licence number, if known, of the person allegedly responsible for the offence.

## 11.4 Annulment granted – Plea of Guilty

If the Court grants the annulment, and the defendant pleads guilty to the offence, the Court will, where appropriate, proceed to determine the offence.

## 11.5 Annulment granted – Plea of Not Guilty

- (a) If the Court grants an annulment, and the defendant pleads not guilty to the offence, the Court will adjourn the matter to for hearing at a Court proximate to where the offence took place.
- (b) Where possible, the matter will be listed for hearing *no less than* two months after the annulment is granted.
- (c) The prosecuting authority may make an application to vacate the hearing if any witnesses will be unavailable on the adjourned date in accordance with Chapter 6 (Vacating Hearing Dates).

## 11.6 Costs

The Court will not consider an order in relation to costs in the appeal proceedings unless the other party has been notified that such an application is to be made.

Page 12 of 19

# PART D – DIVERSIONARY PROGRAMS

## 12. MERIT

## 12.1 Description, objects and availability

- (a) The MERIT program is a pre plea diversion program for defendants with drug problems conducted in the Local Court of NSW. At selected locations the MERIT program includes Alcohol MERIT for persons charged with offences before the Local Court who have alcohol problems.
- (b) The program provides for the early referral for assessment of arrested persons who are eligible for bail (or do not require bail consideration) and who are motivated and volunteer to engage in treatment and rehabilitation for their drug use problem.
- (c) The program brings together the health, justice and law enforcement systems with the focus on the reduction of criminally offending behaviour associated with drug use.
- (d) The successful engagement in the MERIT program can be taken into account in sentence proceedings.
- (e) The MERIT program is available at over 50 Local Court locations across New South Wales. Additional locations may be added from time to time. Those wishing to make a referral to the program should contact their nearest Local Court registry for information as to whether the MERIT program is available at a particular location.

## 12.2 Referrals to the MERIT program

- (a) Referrals for assessment into the program may come from one of the following sources:
  - (i) on apprehension by the Police who may refer a defendant for assessment into the program;
  - (ii) at the commencement of proceedings, by:
    - the defendant;
    - the defendant's lawyer;
    - the presiding Magistrate; or
    - any other person (such as family/friend, health professional, probation and parole officer).

Page 13 of 19

## 12.3 Preliminary considerations for entry into the MERIT program

- (a) The MERIT program is designed as a pre-plea scheme to encourage referral for assessment at an early stage of the court process and entry into the program is not dependent on the person's guilt or innocence.
- (b) Notwithstanding paragraph 12.3(a) above, a plea may be entered at any time from the person's first appearance before the court until the conclusion of the program.

## 12.4 Criteria for eligibility to participate in the MERIT program

- (a) To be eligible to participate in the MERIT program the defendant must meet the following criteria:
  - (i) The defendant must be an adult;
  - (ii) The offences should not involve strictly indictable offences, sexual offences or offences involving significant violence and the defendant should not have like offences pending before a Court.
  - (iii) The defendant must be suspected of using drugs or have a history of drug use
  - (iv) The defendant must be eligible for bail and suitable for release on bail or not require bail consideration
  - (v) The defendant must voluntarily agree to participate

## 12.5 General procedure

- (a) If considered eligible to participate, the defendant should be referred to the MERIT assessment team attached to the Court for the relevant assessment to be undertaken to ensure that the defendant is suitable for the program. The Court proceedings should be adjourned for a short period to allow that assessment to occur.
- (b) As part of the assessment, the MERIT case worker will assess the nature of the defendant's drug use and other associated problems.
- (c) The case worker is to assess the defendant against the criteria for suitability for entry to the program and then formulate a proposed treatment plan for the defendant to undertake and prepare a report for the Court.
- (d) If the defendant is considered suitable for the MERIT program, the Magistrate may approve placement of the defendant onto the program.
- (e) If the defendant is considered not suitable for the program, the defendant will be asked to enter a plea and the matter will proceed in the usual way.
- (f) While awaiting the assessment report from the MERIT case worker, bail may be granted with specific conditions such as reporting and particular residential conditions applying.

(g) When placed on the program, bail should be granted in accordance with the *Bail Act* 1978, if appropriate, and consideration may be given to imposing a relevant bail condition such as requiring compliance with all directions of the MERIT Team. Once on the program the defendant is aware that the MERIT team will report any non compliance with program conditions to the court as soon as practicable.

## 12.6 Treatment

- (a) Once the Magistrate formally approves the placement of the defendant on the MERIT program, the treatment plan as devised by the MERIT case worker, if it has not already commenced, will be commenced.
- (b) The determination of an appropriate treatment module is a matter solely within the discretion of the MERIT case worker. Their trained role is to identify the needs, risks, long and short term goals of the participant and then to oversee the provision of available treatment services in the best interests of that participant. Examples of the drug treatment programs available include:
  - (i) medically supervised and home based detoxification;
  - (ii) methadone and other pharmacotherapies such as naltrexone and buprenophine;
  - (iii) residential rehabilitation;
  - (iv) individual and group counselling and psychiatric treatment.
- (c) The MERIT program is generally planned as a 12 week intensive program. It may be extended in special circumstances with the agreement of the Magistrate, the MERIT case worker and the defendant.
- (d) During the treatment phase the Court effectively case manages the process. Once accepted into the MERIT Program, the defendant is required to return to Court at such intervals as determined by the Magistrate usually on the recommendation of the MERIT Team. At each adjournment, an update report is provided and the defendant required to attend unless excused by the Court with the concurrence of the MERIT Team. At the conclusion of the program a final report is provided by the MERIT team.

## 12.7 Breaches

(a) Should the defendant fail the program despite sufficient opportunities to comply with the directions of the MERIT Team, the MERIT Team must, as soon as possible, notify the Court. The defendant's continuation on the program is a matter for Magisterial discretion. If the defendant is removed from the program by the Magistrate, or withdraws voluntarily at any time, the matter should be relisted as soon as possible for normal judicial management. (b) While minor issues of non-compliance with the agreed treatment plan need not necessarily be actioned, reference to such conduct should appear in the interim or final reports.

## 12.8 Conclusion of MERIT program

- (a) At the conclusion of the program, the final report will set out the achievements or otherwise of the participant under the program. At that time, the defendant will be asked (if it has not already happened) to enter a plea. The case will then proceed through the normal justice process.
- (b) On sentence, the successful completion of the MERIT program is a matter of some weight to be taken into account in the defendant's favour. At the same time, as the MERIT program is a voluntary opt in program, its unsuccessful completion should not, on sentence, attract any additional penalty.
- (c) The final sentencing outcome should be formally communicated by the Court to the MERIT Team for their recording purposes.

## 13 FORUM SENTENCING

# 13.1 Description, objects and availability

- (a) Forum sentencing is an additional sentencing option available at the following Local Court locations across New South Wales:
  - Burwood / Balmain / Newtown
  - Campbelltown / Camden / Moss Vale / Picton
  - Liverpool / Fairfield
  - Tweed Heads / Murwillumbah / Byron Bay / Mullumbimby
  - Newcastle / Toronto/ Belmont / Raymond Terrace
  - Gosford / Wyong / Woy Woy
  - Parramatta / Ryde
  - Bankstown / Sutherland / Kogarah
  - Lismore / Ballina / Casino / Kyogle
  - Coffs Harbour / Grafton / Bellingen / Macksville / Maclean
  - Downing Centre / Central / Waverley

Additional Courts may be added from time to time.

- (b) The program provides for the referral of offenders who have pleaded guilty or have been found guilty of offences and for whom there is a likelihood of a custodial sentence, to be referred to a forum. At the forum the offender and the victim or victims of the offence are brought together with a forum facilitator in order to develop an intervention plan for the offender.
- (c) The eligibility criteria along with the aims of the program are set out in Part 7 of the Criminal Procedure Regulation 2010.

# 13.2 Referrals to forum sentencing

- (a) The Court may make referrals either on application by the offender or their representative, by a prosecutor, or on its own motion.
- (b) If eligible to participate, Court proceedings are to be adjourned for up to 2 weeks for the Forum Sentencing Administrator (the 'Administrator') to assess the offender's suitability.
- (c) During the adjournment for the suitability assessment, the Administrator will contact the victim/s to ascertain whether they wish to participate in a forum.
- (d) The Registrar is to provide the Administrator with a statement of facts as approved by the Court and a copy of the offender's criminal history.

Page 17 of 19

## **13.3 Forum Participation Order**

- (a) If assessed suitable, the Magistrate will consider placement of the offender into the programme by making a Forum Participation Order. Both the offender and the prosecutor may be heard. If <u>not</u> considered suitable, the matter will proceed through the ordinary court process.
- (b) The Court will adjourn the matter for no longer than 8 weeks.
- (c) The Court may order a pre-sentence report (if required). Subject to the consent of the offender, information obtained by Probation and Parole should be made available to the Forum facilitator.

## **13.4 Intervention Plans**

- (a) The content of an Intervention Plan and participation at the Forum is a matter solely within the discretion of the Administrator and Forum facilitator. It may include attendances at the Forum, details of agreement reached at the Forum, and whether that agreement requires any further action on behalf of the offender that would require supervision by either the Administrator or Probation and Parole. It may also include a recommendation to the Court for an intervention order sentence or further matters to be considered, such as individual and group counselling, treatment programs or psychiatric treatment.
- (b) The Court may refer the Intervention Plan back to the Administrator for amendment. Amendments <u>must</u> be approved by the victim/s and offender or they will not be made. If so approved, the Administrator shall revise the agreement and report back to the Court within seven days.
- (c) No more than one referral to revise the intervention plan is permitted. If the plan is not approved and a revised plan is not approved, sentencing will proceed in the ordinary manner.

## 13.5 On the adjournment date

- (a) On the adjournment date, the Court is to receive a Forum Report and the draft Intervention Plan. The Forum Report sets out any recommendations not included in the draft Intervention Plan, including any recommendation to the Court that a compensation order be made and/or details of financial reparations or a donation that the offender has agreed to make.
- (b) If the Court is satisfied with the draft intervention plan, the Court may make an order approving the plan. Following approval of the intervention plan the Court may exercise the following options:
  - Make a further order adjourning the proceedings pursuant to s 36A of the *Bail Act* 1978, or s 11(1)(b2) of the *Crimes (Sentencing Procedure) Act* 1999 ('CSP Act'); or

Page 18 of 19

- (ii) Proceed to sentence pursuant to ss 9, 10, or 12 of the CSP Act. Section 95A of the CSP Act may apply to sentences imposed under these provisions.
- (c) If the Court proceeds to sentence in accordance with paragraph 13.5(b)(ii) and imposes a good behaviour bond, any provision in a draft Intervention Plan or recommendation in the Forum Report for the making of financial reparations or a donation by the offender is <u>not</u> to be included as a condition of the good behaviour bond.
- (d) The Court may make a compensation order in accordance with any recommendations contained in the Forum Report.
- (e) Successful completion of the forum sentencing program is a matter that may be taken into account by the Court upon sentence.
- (f) Where the Court makes an order in which an approved Intervention Plan is part of the sentence, the Court will specify who is to supervise the Intervention Plan and any other part of the order, and set time limits within which parts of the Intervention Plan are to be completed. If required, an order of the Court can be supervised by the Administrator, Probation and Parole, or both.

## 13.6 After sentencing

- (a) The Court is to be advised by the supervising party whether or not the plan is satisfactorily completed.
- (b) In the event the Court is advised that the plan has not been satisfactorily completed, the Court may:
  - (i) Take no action;
  - (ii) Issue a notice of call up; or
  - (iii) Issue a warrant.
- (c) If the intervention plan is part of a sentence supervised only by Probation and Parole, breach action by Probation and Parole will be dealt with in the usual way.

Judge Graeme Henson Chief Magistrate

Page 19 of 19

Attachment A

# NOTICE OF APPEARANCE IN SUMMARY CRIMINAL TRIALS

| In the Local Court at:                |            |
|---------------------------------------|------------|
| I advise I appear on behalf of (name) |            |
| In the matter of Police v             |            |
| Police "H" Number reference           |            |
| Listed on                             |            |
| NAME of Legal Representative          |            |
| FIRM OF SOLICITORS                    |            |
|                                       |            |
|                                       |            |
| Telephone                             | Fax Number |
| Email                                 |            |

## SERVICE OF BRIEF DIRECTIONS

I hereby consent that the written statements and copies of proposed exhibits be served on the defendant in the above case by:

## MARK BOX

- 1) Facsimile transmission to the legal representative to the above fax number; or
- 2) Emailing it to the legal representative to the above email address; or
- 2) Posting it to the legal representative to the above postal address; or
- 3) Leaving it at the address of the legal representative at the above address.

(Signature of Legal Representative)

## Attachment B

# LOCAL COURT LISTING ADVICE

(IMPORTANT – Where the defendant is represented by a barrister or solicitor a completed and signed copy of this document must be given to the Court and the prosecutor on the return date)

| CASE:                                       | POLICE v   |       |  |       |        |
|---|--|-------|--|-------|--------|
| CHARGE/SUMMONS<br>REFERENCE NUMBER:         |  |       |  |       |        |
| FOR MENTION:                                |  | LOCAL | COURT  | 1 1   |        |
| PNG:  | CONFIRMED  |       |  |       | HDRAWN |
| STATEMENT IN POLI                           | WITNESS<br>REQUIRED FOR<br>CROSS-<br>EXAMINATION |       | IF WITNESS NOT<br>REQUIRED FOR<br>CROSS EXAMINATION<br>IS THE TENDER OF<br>THE STATEMENT<br>CONSENTED TO |       |        |
| 1.  |  | YES   | NO   | YES   | NO     |
| 2.  |  | YES   | NO   | YES   | NO     |
| 3.  |  | YES   | NO   | YES   | NO     |
| 4.  | YES  | NO    | YES  | NO    |        |
| 5.  | YES  | NO    | YES  | NO    |        |
| 6.  |  | YES   | NO   | YES   | NO     |
| 7.  |  | YES   | NO   | YES   | NO     |
| 8.  | YES  | NO    | YES  | NO    |        |
| 9.  | YES  | NO    | YES  | NO    |        |
| 10.   | YES  | NO    | YES  | NO    |        |
| 11.   |  | YES   | NO   | YES   | NO     |
| 12.   | YES  | NO    | YES  | NO    |        |
| 13.   | YES  | NO    | YES  | NO    |        |
| 14.   |  | YES   | NO   | YES   | NO     |
| 15.   | YES  | NO    | YES  | NO    |        |
| ESTIMATED DURATION C                        |  |       |  | HOURS |        |
| NUMBER OF DEFENCE W                         | /ITNESSES  |       |  | 1     |        |
| IS AN INTERPRETER REC                       | YES NO   |       |  |       |        |
| WHAT LANGUAGE?                              |  |       |  | 1     |        |
| IS CCTV COURT REQUIR                        | YES  |       | NO   |       |        |
| NOTICE, s19E CRIMINAL<br>PROCEDURES REGULAT | YES  |       | N  | NO    |        |
| DEFENDANT'S SOLICITO<br>SIGNATURE AND NAME  |  |       |  |       |        |
| CONTACT PHONE NUMB                          | ER   |       |  |       |        |

Attachment C



# Form 1 – APPLICATION TO VACATE A HEARING DATE

## PARTS A & B MUST BE COMPLETED IN FULL PRIOR TO THE APPLICATION BEING LODGED IN PERSON BY THE APPLICANT OR THE APPLICANT'S REPRESENTATIVE

**Note**: This application will be dealt with in Chambers unless there is good reason for it to be listed before a Court. This application, together with all relevant information should be submitted in writing not less than **21 days** before the hearing date **OR**, in the case of urgent circumstances arising after that time, as soon as practicable before the date of hearing.

You will be advised of the outcome of the application and the date on which it is next listed (where applicable).

You must lodge all relevant supporting documentation with this application.

 PART A (Applicant to complete)

 Name of the matter:

 Date listed for hearing.

 Time estimate.

 Place listed for hearing.

 Local Court

 Offence(s).

 Application lodged on behalf of the.

 Name of applicant: Signature:

 (Informant/Defendant/Representative) Address:

 Date:

 Date:

 /.../...

 Phone: Fax:

 I apply to vacate the hearing date for the following reasons:

 (Please provide as much information as possible in support of the application - attach additional pages if more space required)

| inc | ne application has arisen because of the non-availability of any relevant person in the matter,<br>luding witnesses, legal representatives or a defendant you must provide answers to the following<br>estions: |
|-----|---|
| 1.  | When was this person first notified of the hearing date?(date)  |
| 1.  | Was the event which has caused this person to be unavailable arranged before or after the person became aware of the hearing date?  |
| 3.  | If before, why was the court advised that this date was a suitable date for hearing?  |
| 4.  | If after, why did this person arrange another commitment for the day of hearing?  |
| 5.  | Why is it essential for this person to be present at the hearing?   |
| Ар  | ntact address (include telephone number/e-mail)<br>plicantRespondent  |
| (No | RT B (Other party to complete - a faxed copy is sufficient)<br>ote: Adjournments will not be granted simply because both parties consent to an<br>journment)  |
|     | gree with this application. I have notified the applicant of my unavailable dates<br>o not agree to this application because:   |
|     |   |
|     | b/do not wish to be present if the application is heard in court  |
|     | me of other party:<br>formant/Defendant/Representative) Signed:   |
| •   | elete where not applicable) Address:  |
| Da  | te: Phone: Fax:   |

PART C (Court/office use only)

APPLICATION: GRANTED - NEW HEARING DATE IS..... REFUSED - WILL BE HEARD IN COURT (NO: ) ON....../...../....../

.....

Magistrate

COPY TO: 1. List Office/Registry

2. Police Prosecutors

3. Other (specify)

#### Attachment D

### **AVL Facilities**

### Courts without AVL facilities - locations for adjournment

| Original Court | AVL Court       | Original Court  | AVL Court       | Original Court  | AVL Court      |
|----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| Albion Park    | Wollongong      | Gulgong         | Bathurst        | Narrabri        | Tamworth       |
| Ballina        | Grafton         | Gundagai        | Goulburn        | Narrandera      | Wagga Wagga    |
| Balmain        | Burwood         | Gunnedah        | Tamworth        | Narromine       | Dubbo          |
| Balranald      | Broken Hill     | Hay             | Griffith        | Newtown         | Burwood        |
| Bega           | Bateman's Bay   | Hillston        | Griffith        | North Sydney    | Downing Centre |
| Bellingen      | Coffs Harbour   | Holbrook        | Albury          | Nyngan          | Dubbo          |
| Belmont        | Newcastle       | Hornsby         | Parramatta      | Oberon          | Bathurst       |
| Blayney        | Bathurst        | Inverell        | Moree           | Parkes          | Orange         |
| Boggabilla     | Moree           | Junee           | Wagga Wagga     | Peak Hill       | Dubbo          |
| Bombala        | Goulburn        | Katoomba        | Bathurst        | Picton          | Campbelltown   |
| Brewarrina     | Bourke          | Kempsey         | Port Macquarie  | Port Kembla     | Wollongong     |
| Byron Bay      | Byron Bay       | Kiama           | Wollongong      | Queanbeyan      | Goulburn       |
| Camden         | Campbelltown    | Kogarah         | Burwood         | Quirindi        | Tamworth       |
| Casino         | Lismore         | Kurri Kurri     | Maitland        | Raymond Terrace | Cessnock       |
| Cobar          | Dubbo           | Kyogle          | Lismore         | Ryde            | Burwood        |
| Condoblin      | Dubbo           | Lake Cargelligo | Dubbo           | Rylstone        | Bathurst       |
| Cooma          | Goulburn        | Leeton          | Griffith        | Scone           | Taree          |
| Coonabarabran  | Tamworth        | Lightning Ridge | Walgett         | Singleton       | Cessnock       |
| Coonamble      | Tamworth        | Lithgow         | Bathurst        | Temora          | Wagga Wagga    |
| Cootamundra    | Wagga Wagga     | Lockhart        | Wagga Wagga     | Tenterfield     | Armidale       |
| Corowa         | Albury          | Macksville      | Coffs Harbour   | Toronto         | Newcastle      |
| Cowra          | Griffith        | Maclean         | Grafton         | Tumbarumba      | Albury         |
| Crookwell      | Goulburn        | Manly           | Central         | Tumut           | Wagga Wagga    |
| Deniliquin     | Albury/Griffith | Milton          | Nowra           | Walcha          | Armidale       |
| Dunedoo        | Bathurst        | Moama           | Albury/Griffith | Warialda        | Moree          |
| Dungog         | Cessnock        | Moruya          | Bateman's Bay   | Warren          | Dubbo          |
| Eden           | Bateman's Bay   | Moss Vale       | Goulburn        | Wauchope        | Port Macquarie |
| Fairfield      | Bankstown       | Moulamein       | Broken Hill     | Waverley        | Downing Centre |
| Finley         | Albury          | Mudgee          | Bathurst        | Wee Waa         | Tamworth       |
| Forbes         | Orange          | Mullumbimby     | Tweed Heads     | Wellington      | Dubbo          |
| Forster        | Taree           | Mungindi        | Moree           | West Wyalong    | Griffith       |
| Gilgandra      | Dubbo           | Murrurundi      | Tamworth        | Windsor         | Penrith        |
| Glen Innes     | Armidale        | Murwillumbah    | Tweed Heads     | Yass            | Goulburn       |
| Gloucester     | Taree           | Muswellbrook    | Taree           | Young           | Wagga Wagga    |
| Grenfell       | Griffith        | Narooma         | Bateman's Bay   |                 |                |
|                |                 |                 |                 |                 |                |

### **Courts with AVL facilities**

### Metropolitan

- Bankstown
- Blacktown
- Burwood
- Central
- Downing Centre
- Liverpool
- Mount Druitt
- Parramatta
- Penrith
- Sutherland

- Regional
- Albury
- Armidale
- Bateman's Bay
- Bathurst
- Bourke
- Goulburn
- Grafton
- Griffith
- Lismore
- Maitland

- Moree
- Newcastle
- Nowra
- Orange
- Port Macquarie
- Tamworth
- Taree
- Tweed Heads
- Wagga Wagga
- Walgett

- Wentworth
- Wilcannia
- Wollongong
- Woy Woy
- Wyong

27 April 2012





LOCAL COURT PRACTICE NOTE COMM 1

ISSUED: 24 April 2012 COMMENCES: 1 May 2012

#### Procedures to be adopted for committal hearings in the Local Court

#### 1. Application

- 1.1. This Practice Note commences on 1 May 2012 and applies to all committal proceedings before the Local Court on and from that date.
- 1.2. This Practice Note supersedes the following Practice Notes, which are repealed on the commencement of this Practice Note:
  - Practice Note 1 of 2010
  - Practice Note 7 of 2003
  - Practice Note 9 of 2003
  - Practice Note 1 of 2007
- 1.3. This Practice Note does not apply to offences in the Children's Court.

#### 2. Definitions

2.1. In this Practice Note:

"committal proceedings" means committal proceedings conducted pursuant to Part 2 of Chapter 3 of the CPA in relation to a strictly indictable offence or Table offence in respect of which an election has been made to proceed on indictment

"CPA" means the Criminal Procedure Act 1986

"Table offence" means an offence listed in Table 1 or Table 2 of Schedule 1 of the CPA

Page 1 of 4

#### 3. Purpose

- 3.1. The procedures outlined in this Practice Note are intended as best practice to ensure that:
  - The legislative purpose set out in s 260 CPA is applied;
  - Time Standards for cases committed for trial or sentence to the Supreme or District Court are as far as possible complied with; and
  - The utilisation of Audio Visual Link (AVL) technology is conducted in the most efficient manner.
- 3.2. An overview of the procedures outlined in this Practice Note is set out at Attachment A.

### 4. Election in Table matters

- 4.1. A brief of evidence will not be ordered in a Table matter unless the Court is informed that a plea of not guilty is entered.
- 4.2. A Table matter will proceed summarily pursuant to Chapter 5 of Practice Note Crim 1 unless an election is made to proceed on indictment in accordance with section 260 of the CPA within the timeframes set out in paragraph 4.3.
- 4.3. Pursuant to section 263(1) of the CPA, an election must be made on or by the first return date after an order is made for service of the brief of evidence.
- 4.4. Where a plea of guilty is entered at the first mention, the prosecution is entitled to an adjournment for 2 weeks to consider whether or not an election is to be made and facts are not to be tendered.
- 4.5. Committal proceedings are to proceed in accordance with the following timetable unless the Court is satisfied that departure from the timetable is in the interests of justice.

#### 5. First mention – Strictly indictable matters

- 5.1. At the first mention, unless a plea of guilty is entered, orders will be made for:
  - (a) The service of the brief in 6 weeks; and
  - (b) Further mention for reply to the brief in 8 weeks.

#### 6. Second mention

6.1. At the second mention, unless a plea of guilty is entered or there is a waiver of committal, the matter may be adjourned for not more than 6 weeks to allow for any negotiations between the parties to be conducted

#### 7. Third mention

- 7.1. At the third mention, unless there is a plea of guilty or the matter proceeds by waiver of committal or paper committal, the matter is to be adjourned with orders made for:
  - (a) The filing and service of written submissions by the accused in support of an application under s 91 CPA or s 93 CPA in 2 weeks, and
  - (b) Further mention for reply in 4 weeks.

#### 8. Fourth mention

- 8.1. At the fourth mention, a failure to file and serve s 91/93 submissions in accordance with the timetable set out in paragraph 7.1 will result in a presumption that the application is abandoned.
- 8.2. Unless there is a plea of guilty or the matter proceeds by waiver of committal or paper committal, the matter will be listed at the first available opportunity for:
  - (a) The hearing of any contested s 91 or s 93 application; or
  - (b) A committal hearing (if there is agreement under s 91/93).

#### 9. Adjournments

- 9.1. Adjournments or other variations to the above timetable will not be granted apart from in accordance with paragraph 4.5.
- 9.2. Subject to paragraph 4.5, failure to finalise a brief in accordance with the above timetable will not, of itself, provide the basis for an adjournment for further time for service of the brief.
- 9.3. In the event the Court is informed of a failure to finalise a brief in accordance with the above timetable due to delays in forensic analysis of material, the Court will consider whether to grant an adjournment only if:
  - (a) The party seeking the forensic analysis informs the Court of the date the material was sent for forensic analysis, and
  - (b) The Court is satisfied the results of the forensic analysis are likely to assist in the determination of the committal proceedings.

#### 10. Attendance of accused

- 10.1. Unless excused by the Court, the accused must appear, either in person or via AVL in accordance with paragraph 10.2, on each court date. An accused cannot be excused for the purpose of the next appearance unless legally represented.
- 10.2. Subject to paragraph 10.1, an accused in custody must appear via AVL on each court date except for the first mention (or any other occasion that is not a physical appearance proceeding within the meaning of the *Evidence (Audio and Audio Visual Links) Act* 1998) unless the Court directs otherwise. This includes a court date upon which:
  - (a) There is to be a waiver of committal;
  - (b) The matter is to proceed by way of paper committal;
  - (c) A committal hearing is listed; or
  - (d) The accused is to be committed for sentence.

#### 11. Committals for trial involving co-defendants

- 11.1. Co-defendants should be committed for trial together so as to avoid unnecessary separate trials unless the Court considers it is in the interests of justice not to do so.
- 11.2. If a defendant seeks a paper committal and a co-defendant makes an application under s 91 CPA, the proceedings involving the defendant are to be adjourned to the same time as the proceedings involving the co-defendant. The hearing of the s 91 application should be expedited so as to not unduly delay the defendant's opportunity for an early trial, particularly where the defendant is in custody.
- 11.3. It is the responsibility of the prosecution to advise the Court of matters involving codefendants if the matters are not listed at the same time.

#### 12. Listing of committal proceedings for hearing in the Local Court

- 12.1. Subject to the interests of justice, committal proceedings are to be completed as expeditiously as possible to enable the transfer, if appropriate, of matters to either the Supreme Court or District Court.
- 12.2. If the matter is not finalised on the afternoon of the last day allocated for hearing, it will proceed on the next sitting day of the Court until completed. All committal hearings listed for hearing within the metropolitan area are listed on this basis.

Judge Graeme Henson Chief Magistrate

#### **Criminal Case Processing**

Process of Matters through the Local Court

#### First Appearance

#### Table matters

- Matter to proceed summarily in accordance with Chapter 5 of PN Crim 1 unless election made: at first appearance, where plea of not guilty entered, matter adjourned for 4 weeks for service of brief and 2 weeks for reply
- Election must be made by first return date after orders for service of brief

Strictly Indictable matters or Table matters where election made at or by first appearance

- At first appearance unless plea of guilty entered: brief service orders made
- Matter adjourned for 6 weeks for service of brief and 2 weeks for reply

#### Second Appearance

• Matter adjourned for **6 weeks** for any negotiations between the parties

#### Third Appearance

Matter proceeds by waiver of committal

#### -or-

- Matter adjourned with orders made for:
  - The filing and service of s 91/93 submissions by the accused in 2 weeks
  - o Further mention for reply in 4 weeks

#### Fourth Appearance

Matter proceeds by waiver of committal

-or-

- Matter listed at first available opportunity for
  - Hearing of contested s 91/93 application; or
  - Committal hearing (if there is agreement under s 91/93).



### LOCAL COURT PRACTICE NOTE No. 2 OF 2012

ISSUED: 24 April 2012 COMMENCES: 1 May 2012

### **Domestic and Personal Violence Proceedings**

### Contents

| Part 1  | Cor  | nmencement and Application of Practice Note   | 1 |
|---------|------|---|---|
| Part 2  | Def  | initions  | 1 |
| Part 3  | Pur  | pose  | 1 |
| Part 4  | Ord  | lers sought in the absence of a defendant   | 1 |
| Part 5  | Pro  | cedure at interim hearing   | 2 |
|         | Α    | Where application brought by police officer and protected person and defendant both absent. |   |
|         | В    | Where defendant and protected person both present and application contested                 | 2 |
| Part 6  | Use  | e of written statements at hearings   | 3 |
| Part 7  | Pro  | cedure at final hearing – where no consent to the order and s 39 does not apply             | 4 |
|         | Α    | Where defendant present   | 4 |
|         | В    | Where defendant absent  | 4 |
| Part 8  | Pro  | cedures for protection of children  | 5 |
| Part 9  | Арр  | blications for variation or revocation of orders where contested                            | 5 |
| Part 10 | ) Ар | plications for revocation of expired AVO  | 6 |
| Part 1  | 1 Ap | plications for annulment of orders  | 6 |
| Part 12 | 2 Se | rvice   | 6 |

Attachment A Directions for Listing an AVO Proceeding for Hearing

#### Part 1 Commencement and Application of Practice Note

- 1.1 This Practice Note commences on 1 May 2012.
- 1.2 This Practice Note applies to application proceedings pursuant to the *Crimes (Domestic and Personal Violence) Act* 2007 ('the Act') in the Local Court and is intended to reflect the legislative objective set out in sections 9 and 10 of the Act.

#### Part 2 Definitions

2.1 In this Practice Note:

'AVO' means an apprehended violence order within the meaning of the Act.

'ADVO' means an apprehended domestic violence order within the meaning of the Act.

'APVO' means an apprehended personal violence order within the meaning of the Act.

*'business day'* means a day that is not on a weekend or gazetted as a public holiday in the State of New South Wales.

*'written statement'* means a written statement prepared in accordance with the form and requirements, and with the evidentiary effect, set out in Division 3 of Part 2 of Chapter 3 of the 1986 Act.

'1986 Act' means the Criminal Procedure Act 1986.

#### Part 3 Purpose

- 3.1 This Practice Note is issued for the purpose of providing for a range of procedural measures in application proceedings under the Act.
- 3.2 The object of this Practice Note is to promote consistency and efficiency in the determination of application proceedings and procedural fairness to all parties, having regard to the objects of the Act, and to facilitate the "just, quick and cheap" resolution of proceedings in accordance with the overriding purpose set out in s 56 of the *Civil Procedure Act* 2005.
- 3.3 This Practice Note is to be read in conjunction with Chapter 10 of Practice Note Crim 1.

#### Part 4 Orders sought in the absence of a defendant

- 4.1 This Part applies in respect of application proceedings conducted in the absence of the defendant.
- 4.2 Subject to section 75 of the Act:
  - (a) Where, in the course of proceedings, the applicant seeks any additional or alternative orders to those specified in an original application and/or any provisional or interim order, and
  - (b) The additional or alternative orders being sought would, if made, have the effect of increasing or varying (except for lessening) the restrictions imposed upon the defendant,

the applicant must file and serve upon the defendant an amended application specifying the orders sought unless the Court is satisfied it is in the interests of justice not to do so.

Page 1 of 7

- 4.3 A person serving an amended application must complete a statement of service in accordance with rule 5.12 of the Local Court Rules 2009.
- 4.4 Before making an order that will have the effect described in paragraph 4.2, the Court must be satisfied that service of the amended application has been effected upon the defendant.

#### Part 5 Procedure at interim hearing

- 5.1 The object of this Part is to establish a consistent approach to the manner in which evidence is received at interim hearings. Subject to section 22 of the Act, an interim order may be made by the Court where:
  - (a) The person for whose protection an order is sought is present and gives evidence orally or by written statement or by a combination of both; or
  - (b) The person for whose protection an order is sought is absent but a written statement of the person is tendered on his or her behalf by a person authorised to tender such a statement.
- 5.2 Subject to this Part, the procedure to be followed at a hearing where an interim apprehended violence order is sought ('interim hearing') will be determined by the Court.
- 5.3 Nothing in this Part removes the requirement that the Court be satisfied of the matters set out in section 17 (in the case of an interim ADVO) or section 20 (in the case of an interim APVO) of the Act prior to making an interim order.
- 5.4 The Court may make an order determining the amount of time that may be taken by each party in the examination, cross-examination or re-examination of a witness who is giving evidence orally at an interim hearing.
- 5.5 An interim order may not be made unless the person for whose protection an order is sought is present at an interim hearing, unless the Court is satisfied that the person is unable for good reason to be present and the matter requires urgent consideration by the Court.

#### A Where application brought by police officer and protected person and defendant both absent

- 5.6 When determining an application for an interim order made by a police officer in the absence of the defendant and the person for whose protection an order is sought, the Court may consider (in addition to the material set out in section 22(4) of the Act):
  - (a) The grounds set out in an application for an order, including a provisional order granted by an authorised justice; and/or
  - (b) A written statement taken by a police officer from the person for whose protection an order is sought.

#### **B** Where defendant and protected person both present and application contested

- 5.7 At an interim hearing at which the defendant and the person for whose protection an order is sought are present and the application is contested, unless the Court orders otherwise, an application for an interim apprehended violence order is to be heard and determined on the basis of any one or more of the following:
  - (a) The written grounds supporting the application;

- (b) A written statement from any witness intended to be called at the interim hearing;
- (c) Evidence given orally (including in cross-examination) at the interim hearing;
- (d) Any submissions made by the parties or their legal representatives.
- 5.8 Unless the Court orders otherwise, the evidence in chief and cross-examination of a witness at an interim hearing is:
  - (a) Limited to establishing whether or not it is necessary or appropriate for the Court to make an interim order, and
  - (b) Not to be directed to establishing whether the making of a final order is warranted.

#### Part 6 Use of written statements at hearings

- 6.1 In this Part, *'hearing'* means a contested hearing at which an application under the Act is heard and determined, but does not include:
  - (a) an interim hearing; or
  - (b) the hearing of an application under the Act where concurrent criminal proceedings are in progress against the defendant for an alleged offence arising out of the same facts or circumstances that give rise to the application.
- 6.2 Unless the Court orders otherwise, a witness' evidence in chief at a hearing must be given by written statement in accordance with paragraph 6.3.
- 6.3 Subject to paragraphs 6.2 and 6.4, the Court shall direct a party to serve on each other party a written statement of the oral evidence that the party intends to adduce in chief on any question of fact to be decided at a hearing. Unless the Court orders otherwise, directions for the listing of the matter for hearing shall be made in the form set out at Attachment A.
- 6.4 Where a police officer is to be called as a witness, the written statement of the officer is not required to be served until the day of the hearing.
- 6.5 Each written statement must be signed by the intended witness unless the signature of the witness cannot be procured or the Court orders otherwise.
- 6.6 If the party serving the written statement calls as a witness at the hearing any person whose written statement has been served in accordance with paragraph 6.3 or 6.4:
  - (a) That person's written statement is to stand as the whole of his or her evidence in chief, so long as the person testifies to the truth of the written statement, and
  - (b) Except by leave of the court, the party may not adduce from that person any further evidence in chief.
- 6.7 Nothing in this Part operates to make admissible any evidence that is otherwise inadmissible or privileged.
- 6.8 The Court may, if satisfied it is in the interests of justice to do so, dispense with compliance with any or all of this Part.

#### Part 7 Procedure at final hearing – where no consent to the order and s 39 does not apply

7.1 Subject to this Part, the procedure to be followed at a contested hearing where a final AVO is sought and section 39 of the Act does not apply ('final hearing') will otherwise be determined by the Court.

#### A Where defendant present

- 7.2 Unless the Court orders otherwise pursuant to paragraph 7.3 or 7.4, an application for a final AVO is to be heard and determined on the basis of:
  - (a) The written grounds supporting the application;
  - (b) Evidence in chief given by way of written statements that have been served in accordance with any case management orders:
    - (i) By, or if a person is someone to whom section 16(2) or section 19(2) of the Act applies, on behalf of, the person for whose protection an order is sought,
    - (ii) If the application is brought by a police officer, that or another officer;
    - (iii) Of the defendant, and
    - (iv) Of any other witnesses,
  - (c) Subject to leave being granted by the Court, any additional evidence of a matter or thing occurring or becoming known to the witness after the making of a written statement;
  - (d) Any cross-examination evidence or re-examination evidence given orally by a witness at the final hearing; and
  - (e) Any submissions made by the parties or their legal representatives at the final hearing.
- 7.3 The Court may order that any or all of a witness' evidence be given orally.
- 7.4 Where the witness is a vulnerable person within the meaning of section 306M of the 1986 Act, evidence in chief of a previous representation may be given by way of a recording, in accordance with Division 3 of Part 6 of Chapter 6 of the 1986 Act.
- 7.5 The Court may, at any time before or during a final hearing, make an order determining the amount of time that may be taken by each party in the examination, cross-examination or reexamination of a witness who is giving evidence orally.
- 7.6 Written statements of or on behalf of the person for whose protection an order is sought must, to the fullest extent practicable, address all matters required to be considered by the Court in deciding whether or not to make:
  - (a) A final ADVO, pursuant to sections 16 and 17 of the Act, or
  - (b) A final APVO, pursuant to section 20 of the Act.

#### **B** Where defendant absent

7.7 Proceedings for a final order may be heard and determined by the Court even if the defendant is absent.

Page 4 of 7

- 7.8 The Court must be satisfied of the matters set out in:
  - (a) Sections 16 and 17 of the Act, in the case of a final ADVO, or
  - (b) Section 20 of the Act, in the case of a final APVO.

#### Part 8 Procedures for protection of children

- 8.1 In proceedings under the Act where:
  - (a) A child is required to give evidence pursuant to section 41 of the Act, and
  - (b) The defendant is not represented by an Australian legal practitioner,

then in addition to any measures for the protection of children specified in the Act, the following procedure shall apply at a hearing of an application:

- (c) A child is not to be examined in chief, cross-examined or re-examined by the defendant, but may be so examined instead by a person appointed by the Court who is an Australian legal practitioner.
- (d) The person appointed by the Court is to ask the child only the questions that the defendant requests that person to put to the child.
- (e) An appointed person must not independently give the defendant legal or other advice.
- 8.2 Paragraph 8.1 applies whether or not closed-circuit television facilities or other similar technology (or alternative arrangements) are used by the child to give evidence.
- 8.3 In accordance with section 42, in application proceedings under the Act where any child may be directly or indirectly affected by the making or variation of an AVO:
  - (a) A person who applies for an order is under a duty to inform the Court of any relevant parenting order (within the meaning of section 42 of the Act) or pending application for a relevant parenting order, and
  - (b) Prior to making or varying an AVO, the Court shall remind of the person of the duty set out in paragraph 8.3(a) and have regard to the matters set out in section 42(2) and (3) of the Act.

#### Part 9 Applications for variation or revocation of orders where contested

- 9.1 Subject to section 73(3) of the Act, unless the Court orders otherwise pursuant to paragraph 9.2 an application for variation or revocation of orders which is contested is to be heard and determined on the basis of:
  - (a) Evidence in chief given by way of written statements:
    - (i) Of the protected person,
    - (ii) Of the defendant, and
    - (iii) Of any other witnesses,

that have been served in accordance with any case management orders;

- (b) Subject to leave being granted by the Court, evidence in chief given orally by a witness at the final hearing that relates to a matter or thing occurring or becoming known to the witness after the making of a written statement,
- (c) Any cross-examination evidence or re-examination evidence given orally by a witness at the hearing, and
- (d) Any submissions made by the parties or their legal representatives at the hearing.
- 9.2 The Court may order that any or all of a witness' evidence be given orally.

### Part 10 Applications for revocation of expired AVO

Where an application is made to revoke an expired AVO:

- (a) In addition to the requirements of section 72(8) of the Act, the Court requires a copy of the application setting out the grounds relied to be served on the protected person and the Commissioner of Police; and
- (b) Part 12 applies as if the AVO was still in force.

#### Part 11 Applications for annulment of orders

For the purposes of section 6(1) of the *Crimes (Appeal and Review) Act* 2001, the Court requires the following "interested parties" to be informed of an application for annulment of an AVO:

- (a) Where the application is made by a defendant:
  - (i) The protected person, and
  - (ii) If the application for an AVO was brought by a police officer, the officer in charge of the police station from which the application was made.
- (b) Where the application is made by a protected person:
  - (i) The defendant; and
  - (ii) If the application for an AVO was brought by a police officer, the officer in charge of the police station from which the application was made.

#### Part 12 Service

The following requirements apply where an AVO is in force and a document is required to be served on the protected person under the Act or this Practice Note:

- (a) Where an order prohibits a defendant from directly contacting or approaching and/or locating or attempting to locate the protected person, the defendant:
  - (i) Must not in person serve or attempt to serve the document on the protected person;
  - (ii) May, if the protected person is represented by an Australian legal practitioner, effect service through the protected person's legal practitioner;

- (iii) May, if the application for an AVO was brought by a police officer, serve the document upon the officer at the police station at which the officer is stationed;
- May, if not represented by an Australian legal practitioner and if the application for an AVO was not brought by a police officer, request that a Registrar of the Court serve the document on the protected person;
- (v) May effect service in such other manner as directed by the Court.
- (b) Where a document is served on a police officer in accordance with paragraph 12(a)(iii), the police officer must, as soon as is practicable after being served with a document, cause a copy of the document to be provided to the protected person.
- (c) Where a request to serve a document is made to a Registrar in accordance with paragraph 12(a)(iv), the Registrar is to serve the document by sending it by ordinary post to the address of the protected person as noted in the records of the Court.
- (d) Where a Registrar serves a document in accordance with paragraph 12(c), the document is taken to have been served at the end of the fourth business day following the date on which the document was posted, unless the contrary is proved.

Judge Graeme Henson Chief Magistrate

### Attachment A



Local Court of New South Wales

### Directions for Listing an AVO Proceeding for Hearing

(Practice Note 2 of 2012)

CASE No.:

#### DIRECTIONS

#### Applicant's evidence

[ ] (for Police Applicants) The Police are to file two copies of the brief of evidence (other than a written statement of a police officer) with the court registry at \_\_\_\_\_ no later than \_\_\_\_/ \_\_\_/. (maximum 2 weeks)

OR:

- [ ] (for Private Applicants) The Applicant is to file two copies of:
- the Applicant's own written statement, and
- any written statement/s of witness/es from whom the Applicant intends to call evidence at hearing

with the court registry at \_\_\_\_\_ no later than \_\_\_/ \_\_\_. (maximum 2 weeks)

2. (For all Applicants) The Defendant is to collect one copy of the statements filed by the Applicant from the Registry at \_\_\_\_\_\_ any time after the date of filing.

#### Defendant's evidence

- 3. The Defendant is to file two copies of:
  - the Defendant's own written statement, and
  - any written statement/s of witness/es from whom the Defendant intends to call evidence at hearing
  - with the court registry at \_\_\_\_\_ no later than \_\_/\_\_\_. (normally 2 weeks from date in direction 1 above )
- 4. The Applicant is to collect one copy of the statements filed by the Defendant from the court registry at \_\_\_\_\_\_ any time after the date of filing.

#### Mention

- Subject to direction 6b, the matter is listed for <u>mention only</u> to check that <u>all</u> statements have been filed. The mention date is \_\_\_\_\_/ /\_\_\_\_. (normally one week from date in direction 3 above )
- 6. Subject to the interests of justice, on the mention date:
  - a. If the Applicant has failed to comply with these directions the application may be struck out or the Court may order the filing of the outstanding statements.
  - b. If the Defendant has failed to comply with these directions the matter will proceed on the evidence filed by the Applicant alone on the mention day.
  - c. If neither party has complied with these directions the application will be dismissed.
  - d. The Applicant must attend otherwise the application may be dismissed.
  - e. The Defendant must attend otherwise an order may be made against him/her.
  - f. If both parties have complied with these directions the matter will be listed for hearing.

Signature of Magistrate/Registrar (select):

Date:

#### MOTOR ACCIDENTS COMPENSATION ACT 1999

Section 74

Approved Forms - Notices of Claim

# MOTOR ACCIDENT PERSONAL INJURY CLAIM FORM



THIS CLAIM FORM IS APPROVED BY THE MOTOR ACCIDENTS AUTHORITY OF NSW. IT IS TO BE USED FOR CLAIMS MADE UNDER THE MOTOR ACCIDENTS COMPENSATION ACT 1999 FOR ACCIDENTS ON OR AFTER 1 OCTOBER 2008

#### Who Can Make a Claim

If you were injured in a motor vehicle accident in NSW, there are a number of circumstances under which you may be eligible to make a claim for personal injury compensation.

#### 1. Other driver or owner of vehicle at fault

Whether you were a driver, passenger, pedestrian, cyclist, motorbike rider or pillion passenger you can make a claim for personal injury compensation if you can demonstrate a driver or owner of a motor vehicle, other than you, was partially or completely at fault. If you were partly at fault, (e.g. not wearing a seatbelt) you may still be able to make a claim.

#### 2. Special benefit for children in accidents from 1 October 2006

You may make a claim for the children's special benefit even if the accident was not caused by the fault of an owner or driver of a motor vehicle (i.e. the accident was caused by the child), provided that:

- the accident happened on or after 1 October 2006
- you were under 16 years at the time of the accident
- you lived in NSW at the time of the accident.

Please refer to the Important note for injured children on page 6 for more information.

#### 3. Blameless accidents from 1 October 2007

If you are injured in an accident on or after 1 October 2007, you may be able to make a claim for personal injury compensation even if the accident was a blameless motor accident. A blameless accident is a motor accident in which the driver or owner of a motor vehicle was not at fault. Examples of blameless motor accidents could include accidents resulting from the sudden illness of a driver, such as a heart attack or stroke or vehicle failure, such as a tyre blow-out.

You can make a claim if you were a passenger, pedestrian, cyclist, pillion passenger, driver or motorcycle rider. However, special rules apply to drivers and motorcycle riders in blameless accidents. You may not be entitled to make a claim if you were injured in a single vehicle accident or if you were driving or riding the vehicle that caused the accident (i.e. you were the driver that suffered a medical condition which resulted in the motor accident).

For more information about the special rules that apply to drivers and motorcycle riders in blameless accidents, contact the Claims Advisory Service on 1300 656 919.

If you have already completed an Accident Notification Form (ANF) you will still need to complete the Motor Accident Personal Injury Claim Form if you want to make a claim for treatment expenses and/or lost earnings in excess of \$5,000 or claim for other types of compensation.

#### Where To Send The Claim Form

You must send the completed claim form to the green slip or Compulsory Third Party (CTP) insurer of the motor vehicle you consider caused the accident. If you are unsure of where to send your claim form contact the MAA's Claims Advisory Service on 1300 656 919.

The claim form must be sent to the CTP insurer as soon as possible but no later than six months from the date of the accident. You can still make a claim more than six months after the accident. However, your claim could be rejected if the insurer receives your claim more than six months after the accident and you cannot give a satisfactory reason for the delay.

#### **Need More Information?**

- Contact the Claims Advisory Service on 1300 656 919, or
- Visit the Motor Accidents Authority's (MAA) website at www.maa.nsw.gov.au.

### **ABOUT** THE INFORMATION IN THIS FORM

#### The information in this form is required by law

The information in this form is required by laws covering motor accidents compensation. Failure to provide the required nformation may result in delays in processing your claim or it being rejected.

The information in this form is used by insurers to help determine liability for your claim and your compensation entitlements. t is important that you answer the questions fully. For example, you should list all injuries that were caused in the accident.

#### Your information is confidential

The information in this form will be treated confidentially. Only staff of the Motor Accidents Authority (MAA), CTP insurers and other approved bodies with proper legal authority are allowed to access your information and are restricted in how they use the information. You have the right to access and correct information about you held by the MAA or CTP insurers if you consider:

- that your personal information has been handled incorrectly by the MAA, you can ask the authority to undertake an internal review or you may contact Privacy NSW.
- an insurer has handled your information incorrectly, you may contact the relevant insurer for an internal review or the Office of the Federal Privacy Commissioner.

CTP insurers are bound by national privacy principles. You may visit the licensed insurers' websites or contact them directly to request information on how to access your personal information, seek an internal review or determine with whom they share the information.

#### The information you provide must be truthful

You must answer the questions fully and truthfully. Information that is knowingly false or misleading may result in a fine of up to \$5,500 or imprisonment for up to 12 months or both.

### **INTERPRETER** ASSISTANCE

If you need an interpreter service to help you read this form, contact:

#### Associated Translators & Linguists Pty Ltd

Level 5, 72 Pitt Street, Sydney, NSW 2000 P: 02 9231 3288 F: 02 9221 4763 www.atl.com.au

Office hours: 8.00 am to 5.30 pm (this interpreter service is provided free of charge to claimants).

| ARABIC                       | اذا كنت بحاجة الى مترجم لقراءة هذا الطلب. فالرجاء الإتصال بتليفون رقم 3288 9231.                                     |
|------------------------------|--|
| CHINESE                      | 如您需要傳譯員讀這表格請致電 9231 3288 如您需要传译员读这表格请致电 9231 3288  |
| CROATIAN                     | AKO TREBATE PREVODITELJA DA VAM PROČITA OVAJ FORMULAR NAZOVITE 9231 3288   |
| FARSI                        | اگر برای خواندن این فرم به مترجم احتیاج دارید به شماره 3288 2311 تلفن کنید.  |
| GREEK                        | ΑΝ ΧΡΕΙΑΖΕΣΤΕ ΔΙΕΡΜΗΝΕΑ ΝΑ ΣΑΣ ΔΙΑΒΑΣΕΙ ΑΥΤΟ ΤΟ ΕΝΤΥΠΟ ΤΗΛΕΦΩΝΗΣΤΕ ΣΤΟ 9231 3288.                                    |
| INDONESIAN                   | JIKA ANDA MEMERLUKAN BANTUAN PENERJEMAH UNTUK MEMBACA FORMULIR INI, SILAHKAN<br>MENELEPON 9231 3288.                 |
| ITALIAN                      | SE AVETE BISOGNO DI UN INTERPRETE PER LEGGERE QUESTO MODULO CHIAMATE IL 9231 3288.                                   |
| KOREAN                       | 이 서식을 읽기 위해 통역이 필요하시면 전화 9231 3288로 연락 주십시오.   |
| MACEDONIAN                   | АКО ВИ ТРЕБА ТОЛКУВАЧ ДА ВИ ГО ПРОЧИТА ОВОЈ ФОРМУЛАР ЈАВЕТЕ СЕ НА 9231 3288.   |
| POLISH                       | JEŚLI DO PRZECZYTANIA TEGO FORMULARZA POTRZEBUJE PAN(I) POMOCY TŁUMACZA, PROSZĘ<br>ZATELEFONOWAĆ POD NUMER 9231 3288 |
| PORTUGUESE                   | SE NECESSITAR QUE UM INTÉRPRETE LHE LEIA ESTE IMPRESSO TELEFONE PARA O<br>NÚMERO 9231 3288.                          |
| SERBIAN                      | АКО ТРЕБАТЕ ПРЕВОДИОЦА ДА ВАМ ПРОЧИТА ОВАЈ ФОРМУЛАР НАЗОВИТЕ 9231 3288.  |
| SPANISH                      | SI NECESITA QUE UN INTERPRETE LE LEA ESTE DOCUMENTO, LLAME AL: 9231 3288.  |
| <b>TAGALOG</b><br>(FILIPINO) | KUNG KAILANGAN NINYO NG TAGASALINWIKA (INTERPRETER) SA PAGBABASA NG<br>NAKASULAT DITO TUMAWAG SA 9231 3288           |
| TURKISH                      | BU FORMU OKUMAK İÇİN TERCÜMANA İHTİYACINIZ VARSA 9231 3288. 'E TELEFON EDİNİZ.                                       |
| VIETNAMESE                   | NẾU BẠN CẦN THÔNG DỊCH VIÊN ĐỂ ĐỌC MẫU ĐƠN NÀY HÃY GỌI ĐIỆN THOẠI SỐ 9231 3288.                                      |

If you need an interpreter to help you read this form, the declaration below must be completed by the interpreter and the injured person.

#### Interpreter declaration

- 1 We declare that the Motor Accident Personal Injury Claim Form has been read to the undersigned injured person by the undersigned interpreter.
- 2 We understand that the Motor Accidents Authority of New South Wales and Associated Translators & Linguists Pty Limited bear no responsibility for any loss whatsoever arising from the interpreting service provided.
- **3** We acknowledge that the interpreting service provided by Associated Translators & Linguists Pty Limited was limited to reading the claim form.
- 4 This declaration has been read to the injured person by the undersigned interpreter.

| Injured person's name    | Injured person's signature |
|--------------------------|----------------------------|
| Interpreter's name       | Interpreter's signature    |
| Injured person's address | Date:                      |
|                          |                            |

4

### MAKING A CLAIM FOR PERSONAL INJURY COMPENSATION

#### There are a number of steps to making a claim:

#### 1 Report the accident to the police

You must report the accident to the police as soon as possible, and in any case, within 28 days after the accident. If you make a late report to the police and cannot give a reason, it could affect the insurer's decision about your claim. If you make a late report to the police, please attach an explanation to this claim form giving the reasons for the delay.

#### 2 Find out the CTP insurer of the NSW motor vehicle you consider caused the accident

Contact the Claims Advisory Service on 1300 656 919 to find out the CTP insurer. You will need to give them the NSW registration number plate of the motor vehicle you consider caused the accident and the date of the accident. If the motor vehicle you consider caused the accident is:

- not a NSW registered motor vehicle, you will need to contact the relevant state or territory.
- unregistered or cannot be identified (e.g. hit and run) see step 4 below for further instructions.

#### 3 The motor vehicle and person you consider caused the accident

You must indicate the motor vehicle and/or person you consider caused the accident (Q20). If you are having difficulty in finding out the motor vehicle registration number and/or the person you consider caused the accident contact the police.

#### 4 The motor vehicle you consider caused the accident was uninsured or unidentified

The Nominal Defendant receives claims where the motor vehicle you consider caused the accident cannot be identified or is uninsured, and the accident occurred in NSW.

Before sending the claim you must take action to find out the registration number of the motor vehicle or the person you consider caused the accident. For example, by putting an advertisement in the newspaper or attempting to talk to witnesses.

If you cannot find out the registration number or if the motor vehicle is unregistered and not covered by CTP insurance, send your claim to the Nominal Defendant at Level 25, 580 George Street, Sydney, NSW 2000, (DX 1517 Sydney). If you need more information about the Nominal Defendant call 1300 137 131 or visit www.maa.nsw.gov.au

#### 5 Medical certificate

Your claim may be considered incomplete and may be delayed or rejected if the medical certificate at the back of this claim form is not sent to the CTP insurer with your Personal Injury Claim Form.

#### 6 Send the claim form and the medical certificate to the CTP insurer

You must send the completed claim form and medical certificate to the CTP insurer of the motor vehicle you consider caused the accident (see step 2 above).

The claim form and the medical certificate must be sent as soon as possible, but no later than six months from the date of the accident. You can still make a claim more than six months after the accident. However, your claim could be rejected if the insurer gets your claim more than six months after the accident and you cannot give a satisfactory reason for the delay. If you make a claim more than six months after the date of the accident, please attach an explanation to this claim form giving the reasons for the delay.

#### 7 If you were under 16 years at the date of accident

Attach proof of age (a certified copy of your birth certificate or passport). If you wish to claim the children's special benefit you should also attach proof that you were a resident of NSW at the date of accident. (Refer to the important note for injured children on page 6).

#### 8 Keep a copy of the completed forms and accounts and invoices

Please attach any original accounts and invoices you may already have to the claim form. Keep a copy of all forms, certificates, accounts and invoices, etc, so that you have your own record.

fear along this line and keep this information after you send off the completed form

5 🗾

## AFTER YOU SEND YOUR CLAIM TO THE CTP INSURER

#### 1 You will receive a letter from the insurer

The insurer will write to you within five working days of receiving your claim. The letter should also include a claim or reference number. If you have not heard from the insurer within two weeks of sending your claim, please contact the insurer.

#### 2 You must help the CTP insurer with its investigation of your claim

You may be required to give the CTP insurer more information, photographs, documents or records. You may have to attend a medical examination organised by the insurer.

You must take all reasonable steps to recover from your injury, including undertaking all reasonable and appropriate treatment and rehabilitation. You must try to reduce your lost income, for example, by seeking alternative work, subject to your injuries and medical advice.

#### 3 The insurer will tell you its decision about your claim

The insurer will tell you whether liability is accepted (fully or partly) or denied. The insurer is required to make a decision on liability within three months of a claim being made. If liability is accepted the insurer is obliged to pay reasonable and necessary:

- hospital, medical, rehabilitation, pharmaceutical, respite care and attendant care expenses, and
- travel and accommodation expenses associated with your receiving rehabilitation services.

After accepting liability, the insurer is only required to pay these expenses when they:

- are reasonable and necessary,
- are properly verified (original receipts, accounts or invoices) and,
- relate to the injury caused by the owner or driver of the motor vehicle.

If the CTP insurer denies liability on your claim, contact the Claims Advisory Service on 1300 656 919 for further information as you may have further rights against the CTP insurer.

#### 4 Important note for injured children

From 1 October 2006, a special benefit will be available to children living in NSW who were under 16 at the time they were injured in the accident. The special benefit may be claimed when the accident was not caused by the driver or owner of a motor vehicle and provides for hospital, medical, rehabilitation, pharmaceutical, respite care and attendant care expenses. If the accident was caused, wholly or in part, by the driver or owner of a motor vehicle other compensation entitlements may apply.

#### 5 Once your injuries have become stable and treatment is completed

You may negotiate with the insurer and settle the claim yourself. That settlement would represent a full and final resolution of your claim.

If you have a dispute about any part of your claim, you can contact the insurer, who has an internal complaints and dispute handling system. You can discuss any part of your claim with the insurer or you may seek legal advice.

#### 6 CTP Insurer handling of your claim

CTP insurers are required to comply with the MAA Claims Handling Guidelines, which are available at www.maa.nsw.gov.au. If you need a copy sent to you, contact the Claims Advisory Service on 1300 656 919.

# **PERSONAL** DETAILS

|                       | Miss<br>Other |                    |                   |                     |                        |                    |          |
|-----------------------|---------------|--------------------|-------------------|---------------------|------------------------|--------------------|----------|
| Have you ever bee     |               | Irname/family name | e?                |                     | Given name(            | S)                 |          |
| No                    | Yes           | <b>,</b>           |                   |                     |                        |                    |          |
| •                     |               |                    |                   |                     |                        | \<br>\             |          |
|                       |               | irname/family name |                   |                     | Given name(s           |                    |          |
| Marital status:       | Never marr    | ried Marrie        | ed (legal or defa | acto)               | Divorced               | Separated          | Widowed  |
| Sex: M                | Date of birt  | th<br>/ /          |                   | Were you of the acc | under 16 yea<br>ident? | ars at the date    | No Yes   |
| Driver's licence numb | oer           |                    |                   | Occupation          | ı                      |                    |          |
|                       |               |                    |                   |                     | -                      |                    |          |
| Medicare number       |               |                    | State             |                     |                        |                    |          |
| Medicare number       |               |                    |                   |                     |                        |                    |          |
|                       |               |                    |                   |                     |                        |                    |          |
| Home address          |               |                    |                   |                     |                        |                    |          |
|                       |               |                    |                   |                     |                        |                    |          |
|                       |               |                    |                   |                     |                        |                    |          |
|                       | Town/suburb   |                    |                   |                     |                        | State              | Postcode |
| Postal address (or as | s above)      |                    |                   |                     |                        |                    |          |
|                       |               |                    |                   |                     |                        |                    |          |
| Postbox               | Town/suburb   |                    |                   |                     |                        | State              | Postcode |
| Phone numbers         |               |                    | 、<br>、            |                     |                        |                    |          |
| ( )                   |               | (                  | )                 |                     | (                      | )<br>N 4 - 1- 11 - |          |
| Hom<br>Email address  | ie            |                    | Work              |                     |                        | Mobile             |          |
|                       |               |                    |                   |                     |                        |                    |          |
| Do you need an in     | iterpreter    | No Yes             | •                 |                     |                        |                    |          |
| to help you with yo   |               | ▼                  |                   |                     |                        |                    |          |
|                       |               |                    | Language          |                     |                        |                    |          |
| Accident details      |               |                    |                   |                     |                        |                    |          |
| If you have not repor |               |                    |                   |                     |                        |                    |          |
|                       |               | npleted an Acc     |                   | ation Form          | (ANF)?                 |                    |          |
| No                    | Yes 🕨         |                    |                   |                     |                        |                    |          |
|                       |               | CTP insurer and re |                   |                     |                        |                    |          |
| 2 Date of accid       |               | Time of accid      |                   | Weather             | r and road co          | onditions          |          |
| /                     | /             | :                  | am/pm             |                     |                        |                    |          |
| 3 Place of the a      | accident (str | reets and town     | or suburb)        |                     |                        |                    |          |
|                       |               |                    |                   |                     |                        |                    |          |
| Street(s)             |               |                    | Town              | /suburb             |                        | State              | Postcode |
|                       |               |                    |                   |                     |                        |                    |          |

#### **OFFICIAL NOTICES**

| 4      | Did the police come to the accident scene? No Yes Go to Q6   |
|--------|--|
| 5      | Was the accident reported at a police station?   |
|        | No     Report the accident immediately     Yes     Date reported     /   |
| 6      | Police officer's details (if you have a copy of the police report, please attach it to this form)  |
|        |  |
| Police | e officer's name Police station Police "event" number  |
| 7      | Is police action going to be taken? No Go to Q8 Don't know Go to Q8 Yes Complete   |
|        |  |
| Name   | ne of person charged (if known) Registration plate number Charge (if known)  |
|        |  |
| Court  | rt (if known)  |
| 8      | What was your part in the accident?  |
|        | Driver Passenger Cyclist Motorbike rider Pillion passenger Pedestri  |
|        | Go to Q9 Go to Q11 Go to Q   |
| 9      | If you were a driver or passenger in a motor vehicle, were you wearing a seat belt? No Sea   |
| 10     | If you were a driver or passenger in a motor vehicle, was a seat belt fitted to the vehicle? No Yes  |
| 11     | If you were on a motorbike or a bicycle, were you wearing a safety helmet? No Yes  |
| 12     | Had you taken any drugs, including medication or alcohol in the 12 hours before the accident?  |
|        |  |
|        | No Yes   |
| 10     |  |
| 13     | If you were a passenger in a motor vehicle or a passenger on a bicycle or motorbike, had the driver or rider taken any drugs, including medication or alcohol in the 12 hours before the accident? |
|        | No Don't know Yes  |
|        | Type and amount  |
| 14     | Was the accident a 'blameless accident' (as described on page 1 of this form)? No Yes  |
|        | If you answered 'Yes' to Q14 you will need to include details of why you think the accident was 'blameless' in your  |
|        | description of the accident at Q16. You may also be required to provide more information after you lodge this claim form.  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |

| 15 | Draw a diagram of the accid<br>Show the point of impact an | dent. Include intended intended intended in the second second second second second second second second second s | ersect<br>moto  | ions, streets, roads and their names.<br>r vehicles. |  |  |  |  |  |
|----|--|--|-----------------|--|--|--|--|--|--|
|    | Example diagram for motor vehicle                          |  |                 |  |  |  |  |  |  |
|    |  |  | South<br>Street | Intersection   |  |  |  |  |  |
|    |  | East Road  |                 | Motor vehicle that caused the accident ABC 123       |  |  |  |  |  |
|    |  | My motor vehicle EFG 456   |                 | Point of impact                                      |  |  |  |  |  |
|    | Example diagram for pedestriar                             | n/cyclist  |                 |  |  |  |  |  |  |
|    |  |  | North<br>Street | Intersection   |  |  |  |  |  |
|    |  | West Road  |                 | Motor vehicle that caused the accident ABC 123       |  |  |  |  |  |
|    |  | Me walking on the crossing   |                 |  |  |  |  |  |  |
|    | Diagram of the accident                                    |  |                 |  |  |  |  |  |  |
|    |  |  |                 |  |  |  |  |  |  |
| 16 | Description of the accident<br>(including who you conside  | r caused the acc   | ident           | and how the accident happened)                       |  |  |  |  |  |
|    |  |  |                 |  |  |  |  |  |  |
|    |  |  |                 |  |  |  |  |  |  |
|    |  |  |                 |  |  |  |  |  |  |
|    |  |  |                 |  |  |  |  |  |  |
|    |  |  |                 |  |  |  |  |  |  |
|    |  |  |                 |  |  |  |  |  |  |
|    |  |  |                 |  |  |  |  |  |  |
|    | Please attach a separate page                              | if you need to inclu   | ide ma          | pre information.                                     |  |  |  |  |  |

## DETAILS OF ALL MOTOR VEHICLES INVOLVED IN THE ACCIDENT

| 17    | How many motor v   | ehicles were i   | nvolved in the ac    | cider                     | 1†?                                 |         |                       |                          |  |
|-------|--|------------------|----------------------|---------------------------|-------------------------------------|---------|-----------------------|--------------------------|--|
| 18    |  |                  |                      |                           |                                     |         |                       |                          |  |
| 10    | Yes Go to Q20  | •                |                      |                           | -                                   |         | e police go to Q19.   |                          |  |
| 19    | Applies to unidentit   |                  |                      | lionna                    |                                     | oung un |                       |                          |  |
| 15    | As the injured person, you have an obligation to provide evidence of steps taken to find out the registration number<br>or the name of the person who drove the motor vehicle you consider caused the accident. Please list any actions you<br>have taken and attach any proof such as a newspaper advertisement or account of discussions with any witnesses,<br>etc. Fill in as many of the details at Q20 as you can. |                  |                      |                           |                                     |         |                       |                          |  |
|       |  |                  |                      |                           |                                     |         |                       |                          |  |
|       | v fill in as many of the d   |                  |                      |                           |                                     |         |                       |                          |  |
| 20    | Provide details of the   | ne motor veni    | -                    |                           |                                     |         | / · · ··              |                          |  |
| Reg   | istration number   |                  | Make or model (e.    | .g. loy                   | ota Camry)                          | Iyp     | e (e.g. station wagon | , sedan)                 |  |
| Yea   | r of manufacture   | State<br>Colour  | Number c             | f peop                    | ole in vehicle                      | Driv    | er's licence number   |                          |  |
| Brie  | fly describe the damag   | e caused to this | s vehicle (if known) | Nam                       | Including driver<br>e of property d | amage   | or comprehensive ins  | State<br>surer, if known |  |
| Driv  | er's surname/family nar  | me               |                      | Drive                     | er's given name                     | (S)     |                       |                          |  |
| Driv  | er's home phone  |                  | Driver's work phon   | one Driver's mobile phone |                                     |         |                       |                          |  |
| Driv  | er's address   |                  |                      |                           |                                     |         |                       |                          |  |
|       |  |                  |                      |                           | Town/suburb                         |         | State                 | Postcode                 |  |
| Ow    | ner's surname/family na  | ame (if same as  | driver, write "as ab | ove")                     | Owner's giver                       | n name( |                       | 1 0010000                |  |
| (Or c | organisation/company name)   |                  |                      |                           |                                     |         |                       |                          |  |
|       | ner's home phone   |                  | Owner's work pho     | one                       |                                     | Owr     | ner's mobile phone    |                          |  |
| Ow    | ner's address  |                  |                      |                           |                                     |         |                       |                          |  |
|       |  |                  |                      |                           |                                     |         |                       |                          |  |
|       |  |                  |                      | Ţ                         | own/suburb                          |         | State                 | Postcode                 |  |
|       |  |                  |                      |                           |                                     |         |                       |                          |  |

| 21 Were you travelling      | in this vehicl | l <b>e?</b> Yes | Go to      | Q23 No  |                           |                          |  |
|-----------------------------|----------------|-----------------|------------|---|---------------------------|--------------------------|--|
| 22 Provide details of th    | ne vehicle yo  | ou were tra     | velling i  | n (if you were trave                                | lling in a vehicle)       |                          |  |
| Registration number         |                | Make or m       | nodel (e.g | g. Toyota Camry)                                    | Type (e.g. station wagon, | sedan)                   |  |
|                             |                |                 |            |   |                           |                          |  |
|                             | State          |                 |            |   |                           |                          |  |
| Year of manufacture         | Colour         |                 | Number     | of people in vehicle                                | Driver's licence number   |                          |  |
|                             |                |                 |            |   |                           |                          |  |
| Briefly describe the damage | e caused to th | nis vehicle (if | f known)   | Including driver<br>Name of property da             | amage or comprehensive in | State<br>surer, if known |  |
|                             |                |                 |            |   |                           |                          |  |
| Driver's surname/family nar | ne             |                 |            | Driver's given name(                                | S)                        |                          |  |
| Driver's home phone         |                | Driver's wo     | ork phone  | 9   | Driver's mobile phone     |                          |  |
|                             |                |                 |            |   |                           |                          |  |
| Driver's address            |                |                 |            |   |                           |                          |  |
|                             |                |                 |            |   |                           |                          |  |
|                             |                |                 |            | Town/suburb   | State                     | Postcode                 |  |
| 23 Provide details of a     | iny other vel  | nicle(s) inv    | olved in   | the accident  |                           |                          |  |
| Registration number         |                | Make or r       | nodel (e.  | e.g. Toyota Camry) Type (e.g. station wagon, sedan) |                           |                          |  |
|                             |                |                 |            |   |                           |                          |  |
|                             | State          |                 |            |   |                           |                          |  |
| Year of manufacture         | Colour         |                 | Number     | r of people in vehicle                              | Driver's licence number   |                          |  |
|                             |                |                 |            |   |                           |                          |  |
|                             |                |                 |            | Including driver                                    |                           | State                    |  |
| Briefly describe the damage | e caused to th | nis vehicle (if | f known)   | Name of property                                    | damage or comprehensive   | insurer, if known        |  |
|                             |                |                 |            |   |                           |                          |  |
| Driver's surname/family nar | ne             |                 |            | Driver's given nam                                  | e(s)                      |                          |  |
|                             |                |                 |            |   |                           |                          |  |
| Driver's home phone         |                | Driver's w      | ork phor   | le  | Driver's mobile phone     |                          |  |
|                             |                |                 |            |   |                           |                          |  |
| Driver's address            |                |                 |            |   |                           |                          |  |
|                             |                |                 |            |   |                           |                          |  |
|                             |                |                 |            | Town/suburb   | State                     | Postcode                 |  |
| Please attach a separate p  | ago if you poo | d to include    | moro int   | formation   |                           |                          |  |
| Please allacit a separale p | age il you nee | a lo include    | e more in  | iormation.  |                           |                          |  |
|                             |                |                 |            |   |                           |                          |  |
|                             |                |                 |            |   |                           |                          |  |
|                             |                |                 |            |   |                           |                          |  |
|                             |                |                 |            |   |                           |                          |  |
|                             |                |                 |            |   |                           |                          |  |

11 📃

# **DETAILS** OF WITNESSES

| 24 Witnesses. Provide details of witnesses (including witnesses in the same motor vehicle as you).<br>Witness 1 |              |                 |                         |          |  |  |  |  |
|---|--------------|-----------------|-------------------------|----------|--|--|--|--|
| Surname/family name   |              | Given name(s)   |                         |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Home address  |              |                 |                         |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Home phone  | Work phone   | Town/suburb     | State                   | Postcode |  |  |  |  |
| Home phone  | WORK PHONE   |                 | Mobile phone            |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Registration number (if the witness was i   | n a vehicle) | Relationship to | injured person (if any) |          |  |  |  |  |
|   | 04-4-        |                 |                         |          |  |  |  |  |
| Witness 2<br>Surname/family name  | State        | Given name(s)   |                         |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Home address  |              |                 |                         |          |  |  |  |  |
| HUMB AUUIDOO  |              |                 |                         |          |  |  |  |  |
|   |              | Town/suburb     | State                   | Postcode |  |  |  |  |
| Home phone  | Work phone   |                 | Mobile phone            |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Registration number (if the witness was i   | n a vehicle) | Relationship to | injured person (if any) |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Witness 3   | State        |                 |                         |          |  |  |  |  |
| Surname/family name   |              | Given name(s)   |                         |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Home address  |              |                 |                         |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Home phone  | Work phone   | Town/suburb     | State<br>Mobile phone   | Postcode |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Registration number (if the witness was ir  | n a vehicle) | Relationshin to | injured person (if any) |          |  |  |  |  |
| noglosi autori marmoor (ii uro vviu icos vvas ii  |              |                 |                         |          |  |  |  |  |
|   | State        |                 |                         |          |  |  |  |  |
| Witness 4<br>Surname/family name  |              | Given name(s)   |                         |          |  |  |  |  |
|   |              | Given name(s)   |                         |          |  |  |  |  |
| Home address  |              |                 |                         |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
|   |              | Town/suburb     | State                   | Postcode |  |  |  |  |
| Home phone  | Work phone   |                 | Mobile phone            |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
| Registration number (if the witness was i   | n a vehicle) | Relationship to | injured person (if any) |          |  |  |  |  |
|   |              |                 |                         |          |  |  |  |  |
|   | State        |                 |                         |          |  |  |  |  |

# **INJURY** DETAILS

| 25   | What are your injuries                         | s from the acciden      | t? (List all ir | njuries and affe | ected are | as of t | he body, e.g. fracture | e to left leg and       | neck strain)    |
|------|--|-------------------------|-----------------|------------------|-----------|---------|------------------------|-------------------------|-----------------|
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
| 06   |  | ffeet.vev.peu/2 /Th     |                 |                  |           |         |                        |                         |                 |
| 26   | How do the injuries a                          | Inect you now? (In      | e effect of yo  | our injuries ma  | y cnange  | over t  | ime, e.g. nave to use  | e crutches and v        | wear neck brace |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
| Plea | se attach a separate pag                       | e if you need to inclu  | ide more i      | information.     |           |         |                        |                         |                 |
| 27   | Did you need an a                              | mbulance?               | Yes             | No               |           |         |                        |                         |                 |
| 28   | Did you go to a ho                             | spital after the acc    | cident?         |                  |           |         |                        |                         |                 |
| No   | Go to Q32 Yes                                  | •                       |                 |                  |           |         |                        | /                       | /               |
| 29   | Were you treated at t                          | Which hospital(s)?      |                 | No               | Yes       |         | Date treated           | Date                    |                 |
| 20   | Were you heated at t                           | ne nospitar.            |                 | ▼                | 100       |         | Dato frontod           | /                       | /               |
| 30   | Were you admitted to                           | the hospital?           | No              | Go to Q32        | Yes       |         | Date admitted          | /                       | /               |
| 31   | Have you been disch                            | arged from hospita      | al?             | No 🔻             | Yes       | ► C     | Date discharged        | /                       | /               |
| 32   | Who has treated you<br>(List all doctors, surg |                         |                 |                  | tc)       |         |                        |                         |                 |
| Nam  | ne   | Specialty               |                 | Contact c        | letails   |         |                        | ls treatmen<br>(Yes/No) | t ongoing?      |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
|      |  |                         |                 |                  |           |         |                        |                         |                 |
| Plea | se attach a separate pag                       | le if vou need to inclu | ıde more i      | information      |           |         |                        |                         |                 |

1098

| 33 Are you aware of any treatment or reha   |  | en developed for you?                           |
|---|--|---|
| No Go to Q34 Yes Describe bel   | WC   |   |
| Details of treatment or rehabilitation plan                                       |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| 34 Have you had any other injuries, disabi<br>of your body?                       | lity or illness, before or since                               | the accident, to the same part(s)               |
| No Go to Q35 Yes Please com   | plete the following information                                |   |
| Date (or approximately)   |  |   |
|   |  |   |
| / /   |  |   |
| Treatment   | Doctor's name  |   |
|   |  |   |
| Address (practice or surgery)   |  |   |
|   |  |   |
|   | Town/suburb  | State Postcode                                  |
| Date (or approximately) Injury or illn  | ess  |   |
| / /   |  |   |
| Treatment   | Doctor's name  |   |
|   |  |   |
| Address (practice or surgery)   |  |   |
|   |  |   |
|   | Town/suburb  | State Postcode                                  |
| 35 Have you ever made a claim for persor damages? (e.g. slip and fall, assault, m | nal injury compensation, work<br>edical negligence, or another | ters compensation or other<br>r motor accident) |
|   |  | ase provide as much information as you can)     |
| Date of injury Insurance company  | Claim or reference number                                      | Type of claim                                   |
| / /   |  |   |
| Date of injury Insurance company  | Claim or reference number                                      | Type of claim                                   |
| / /   |  | Type of ciaint                                  |
| Date of injury Insurance company  | Claim or reference number                                      | Turne of eleim                                  |
|   |  | Type of claim                                   |
| , ,   |  |   |
|   |  |   |
| Please attach a separate page if you need to incl                                 | ude more information.  |   |

#### **OFFICIAL NOTICES**

# **EMPLOYMENT** DETAILS (RELATING TO LOSS OF INCOME)

| 36 What was your employment situ                                      | ation before the acci     | dent?             |                 |                |               |
|---|---------------------------|-------------------|-----------------|----------------|---------------|
| Self employed – go to Q44 Fu  | Ill time employed         | Part time en      | mployed         | Retired        |               |
| Casual St   | udent/child               | Home dutie        | S               | Not workir     | ng            |
| Other   |                           | Pensioner         |                 |                |               |
| Please describe   |                           |                   | Please describe |                |               |
| 37 Have you lost income because o                                     | of the accident?          |                   | Go to Q47       | Yes            |               |
| 38 Are you still losing income?                                       |                           | No                |                 | Yes            |               |
| 39 Is the work you do or are your we because of the accident ?        | eekly earnings differe    | ent No (          | Go to Q40       | Yes Give det   | ails below    |
|   |                           |                   |                 |                |               |
|   |                           |                   |                 |                |               |
|   |                           |                   |                 |                |               |
| 40 How many separate periods of ti<br>(Include short periods when you |                           |                   |                 | of the acciden | t?            |
| Work time lost (weeks/days/hours)                                     | went for treatment o      |                   | rom             |                | То            |
|   |                           | /                 | /               | /              | /             |
|   |                           | . /               | ,               | , ,            | /             |
|   |                           | /                 | , /             | /              | ,             |
|   |                           | /                 | /               | /              | /             |
|   |                           | /                 | /               | /              | /             |
| 41 Have you returned to work?   |                           |                   |                 |                |               |
| Yes Go to Q42 No No When de   | o you expect to return to | o work ?          | / /             |                | Don't know    |
| 42 Employment details   |                           |                   |                 |                |               |
| Name of employer  | Contact person's nar      | ne                | Conta           | act phone num  | ber           |
| Workplace address   |                           |                   |                 |                |               |
|   |                           |                   |                 |                |               |
|   | Town/suburb               |                   | State           |                | Postcode      |
| Usual weekly working hours  | Usual weekly earning      | is (including ove | ertime, regula  | r bonuses and  | commission)   |
|   |                           |                   |                 |                |               |
| Ordinary Overtime Description of duties                               | Pay before tax            |                   | Pay af          | ter tax        |               |
|   |                           |                   |                 |                |               |
| 43 Did you have a second job befor                                    | e the accident?           | No Go t           | to Q47 Yes      | Give details   |               |
| Name of employer  | Contact person's nar      |                   |                 | act phone num  |               |
|   | oondot poroono nar        |                   | Cont            |                |               |
| Workplace address   |                           |                   |                 |                |               |
|   |                           |                   |                 |                |               |
|   | Town/suburb               | e (including eur  | State           | r bonusso and  | Postcode      |
| Usual weekly working hours  | Usual weekly earning      | s (in chuaing ove | erunne, regulai | DUTUSES and (  | John Hission) |
| Ordinary Overtime   | Pay before tax            |                   | Pay af          | ter tax        |               |
| Description of duties   |                           |                   | i ay di         |                |               |
|   |                           |                   |                 |                |               |
| Please attach a separate page if you need                             | I to include more inform  | ation.            |                 |                |               |
|   |                           |                   |                 |                | 1             |

| 44              | Have you lost inco                      | me from self-employment in your business because of the accident?<br>No Go to Q46 Yes Give details  |             |
|-----------------|---|---|-------------|
| Nam             | ne of business                          |   |             |
| Natu            | ure of business                         | Phone   |             |
| Wor             | kplace address                          |   |             |
| Acc             | ountant's name                          | Town/suburb State   | Postcode    |
| Acc             | ountant's address                       |   |             |
| You             |   | Town/suburb State<br><b>s</b> (give details of how much you believe you have lost and how you calculated the<br>CTP insurers copies of your taxation returns, group certificates and assessment no                    |             |
| <b>45</b><br>No | If you are self emp<br>Explain why not  | <b>loyed have you hired anyone to replace you?</b><br>Yes Give details of replacement including name, address, duties perform   | ed and cost |
| 46<br>47        | before the accider<br>Have you received | nployed did you have a second paid job Yes Go back to Q43<br>t?<br>or will you receive any money for being unable to work because of your<br>noliday pay, social security benefits, workers compensation or insurance |             |
|                 | No Go to Q48                            | Yes Give details  | e payment.) |
| 48              | duties, working ho                      | nt, had you made any firm arrangements to start a new job, stop work, cl<br>ours or earnings?<br>re details   | hange your  |
|                 |   |   |             |
|                 |   |   |             |
| Plea            | se attach a separate p                  | bage if you need to include more information.   |             |

The insurer or Nominal Defendant is authorised, under section 74 of the Motor Accidents Compensation Act

# **STATUTORY** DECLARATION

Please read the statutory declaration carefully before signing.

| provider <ul> <li>any police department</li> <li>any police department</li> <li>any police department</li> <li>any police department</li> <li>any police department</li> </ul>   |
|--|
| any property damage insurer     Centrelink   |
| I understand that information obtained under this declaration from doctors, an ambulance service or as part of clinical notes from hospitals may include general medical information relevant to my claim.   |
| I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.  |
|  |
| Signature of injured person, or person on behalf of the injured person Name of injured person, or person on behalf of the injured person   |
| This section to be completed if another person signed on behalf of the injured person  |
|  |
| Relationship to injured person Phone   |
| Relationship to injured person Phone   |
| Relationship to injured person Phone Reason why the injured person could not sign  |
|  |
| Reason why the injured person could not sign   |
| Reason why the injured person could not sign         This section to be completed by the solicitor or justice of the peace         Declared before me, on       /         /       /         I certify the following matters concerning the making of this statutory declaration by the person who made it [tick the applicable statements]:         I saw the face of the person, OR         I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification not removing the covering   |
| Reason why the injured person could not sign         This section to be completed by the solicitor or justice of the peace         Declared before me, on       /         /         I certify the following matters concerning the making of this statutory declaration by the person who made it [tick th applicable statements]:         I saw the face of the person, OR         I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification  |
| Reason why the injured person could not sign         This section to be completed by the solicitor or justice of the peace         Declared before me, on       /         /         I certify the following matters concerning the making of this statutory declaration by the person who made it [tick the applicable statements]:         I saw the face of the person, OR         I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification not removing the covering         AND         I have known the person for at least 12 months, OR         I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the documer  |
| Reason why the injured person could not sign         This section to be completed by the solicitor or justice of the peace         Declared before me, on       /         I certify the following matters concerning the making of this statutory declaration by the person who made it [tick the applicable statements]:         I saw the face of the person, OR         I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification not removing the covering         AND         I have known the person for at least 12 months, OR         I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document relied on was   |
| Reason why the injured person could not sign         This section to be completed by the solicitor or justice of the peace         Declared before me, on       /         I certify the following matters concerning the making of this statutory declaration by the person who made it [tick the applicable statements]:         I saw the face of the person, OR         I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification not removing the covering         AND         I have known the person for at least 12 months, OR         I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document relied on was   |
| Reason why the injured person could not sign         This section to be completed by the solicitor or justice of the peace         Declared before me, on       /         I certify the following matters concerning the making of this statutory declaration by the person who made it [tick the applicable statements]:         I saw the face of the person, OR         I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification not removing the covering         AND         I have known the person for at least 12 months, OR         I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document relied on         Describe identification document relied on         Signature of solicitor or justice of the peace |
| Reason why the injured person could not sign         This section to be completed by the solicitor or justice of the peace         Declared before me, on       /         I certify the following matters concerning the making of this statutory declaration by the person who made it [tick the applicable statements]:         I saw the face of the person, OR         I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification not removing the covering         ND         I have known the person for at least 12 months, OR         I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document relied on was  |

| Injured person's informa  | ation   |  |   |   |  |   |
|---|---|--|---|---|--|---|
|   |   |  |   |   | /  | /   |
| Surname/family name   |   | Given name   | e(s)  |   | Date of birth  |   |
|   |   |  |   |   |  |   |
| Address   | Tov   | wn/suburb  |   | State   |  | Postcode  |
|   |   |  |   |   | /  | /   |
| Home phone  | Work phone  |  | Mobile phone  |   | Date of the a  | accident  |
| Medical information – 1<br>"Your doctor" can be your genera   |   |  |   | r   |  |   |
| Are the injuries or condit  |   |  |   |   | ccident desc   | ribed to you  |
| Date of examination   | 1 1   |  |   |   |  | Yes No  |
|   | / /   |  |   |   |  |   |
| Medical diagnosis or de   | escription of inju  | iry  |   |   |  |   |
|   |   |  |   |   |  |   |
|   |   |  |   |   |  |   |
|   |   |  |   |   |  |   |
|   |   |  |   |   |  |   |
| Clinical findings (sympto   | oms or results o  | of any investig  | gations)  |   |  |   |
|   |   |  |   |   |  |   |
|   |   |  |   |   |  |   |
|   |   |  |   |   |  |   |
|   |   |  |   |   |  |   |
|   |   |  | NI 61   |   |  |   |
| Did the patient attend h  | ospital?  | No Yes   | Name of ho  | spital (if patient )  | attended or v  | vas admitted)   |
| -   | -   |  | Name of ho  | ospital (if patient a   | attended or v  | vas admitted)   |
| Was the patient admitte   | ed to hospital?   |  | Name of ho  | ospital (if patient )   | attended or v  | vas admitted)   |
| Was the patient admitte<br>Proposed treatment pla   | ed to hospital?   | No Yes   |   |   |  |   |
| Was the patient admitte   | ed to hospital?   |  |   | spital (if patient<br>term (6-12 week   |  | vas admitted)<br>erm (> 12 weeł   |
| Was the patient admitte<br>Proposed treatment pla   | ed to hospital?   | No Yes   |   |   |  |   |
|   | ed to hospital?   | No Yes   |   |   |  |   |
| Was the patient admitter<br>Proposed treatment pla<br>Treatment likely to be re<br>Specialist<br>Medical or therapy   | ed to hospital?   | No Yes   |   |   |  |   |
| Was the patient admitte<br>Proposed treatment pla<br>Treatment likely to be re<br>Specialist  | ed to hospital?   | No Yes   |   |   |  |   |
| Was the patient admitter<br>Proposed treatment pla<br>Treatment likely to be re<br>Specialist<br>Medical or therapy   | ed to hospital?   | No Yes   |   |   |  |   |
| Was the patient admitter<br>Proposed treatment pla<br>Treatment likely to be re<br>Specialist<br>Medical or therapy<br>Rehabilitation   | ed to hospital?   | No Yes   | Medium 1  | term (6-12 week   | s) Long te   | erm (> 12 weeł  |
| Was the patient admitter<br>Proposed treatment pla<br>Treatment likely to be re-<br>Specialist<br>Medical or therapy<br>Rehabilitation<br>Other   | ed to hospital?   | No Yes   |   | term (6-12 week   |  | erm (> 12 weeł  |
| Was the patient admitter<br>Proposed treatment plan<br>Treatment likely to be re-<br>Specialist<br>Medical or therapy<br>Rehabilitation<br>Other<br>Describe the patient's fi   | ed to hospital?   | No Yes   | Medium 1  | term (6-12 week   | s) Long te   | erm (> 12 weeł  |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other Describe the patient's fi Fit to resume normal due   | Treatment type<br>itness for work<br>uties on /   | No Yes<br>term (6 weeks)   | Medium 1  | term (6-12 week   | s) Long te   | erm (> 12 weeł  |
| Was the patient admitter<br>Proposed treatment plan<br>Treatment likely to be re-<br>Specialist<br>Medical or therapy<br>Rehabilitation<br>Other<br>Describe the patient's fi<br>Fit to resume normal du  | an equired Short to the spital?   | No Yes<br>term (6 weeks)   | Medium t<br>Person's t                              | term (6-12 week   | s) Long te<br>Phone or co  | erm (> 12 weeł  |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other Describe the patient's fi Fit to resume normal due   | ed to hospital?<br>In<br>equired Short to<br>Treatment type<br>itness for work<br>uties on /<br>uties with restriction                          | No Yes<br>term (6 weeks)   | Medium t<br>Person's t                              | term (6-12 week   | s) Long te<br>Phone or co  | erm (> 12 weeł  |
| Was the patient admitter<br>Proposed treatment plan<br>Treatment likely to be re-<br>Specialist<br>Medical or therapy<br>Rehabilitation<br>Other<br>Describe the patient's fi<br>Fit to resume normal du  | Treatment type<br>itness for work<br>uties on /<br>uties with restriction<br>/ / uties  | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /                               | Person's I<br>/<br>Date                             | term (6-12 week   | s) Long te<br>Phone or co  | erm (> 12 week  |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other  Describe the patient's fi Fit to resume normal du Fit to resume normal du Unfit for work from How long has this patient a                                   | Treatment type<br>itness for work<br>uties on /<br>uties with restriction<br>/ / uties  | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /                               | Person's I<br>/<br>Date                             | term (6-12 week   | s) Long te<br>Phone or co  | erm (> 12 week  |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other Describe the patient's fi Fit to resume normal du Fit to resume normal du Unfit for work from How long has this patient a                                    | Treatment type<br>itness for work<br>uties on /<br>uties with restriction<br>/ / ur<br>attended the prace                                       | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /<br>tice? Has th               | Person's I<br>/<br>/ Date<br>e patient bee          | name<br>Restrictions<br>e of next medica<br>en treated for an                           | s) Long te<br>Phone or co<br>al review<br>y similar conc                 | erm (> 12 week<br>ntact details<br>/ /<br>dition in the pa                        |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other Describe the patient's fi Fit to resume normal du Fit to resume normal du Unfit for work from How long has this patient a                                    | Treatment type<br>itness for work<br>uties on /<br>uties with restriction<br>/ / ur<br>attended the prace                                       | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /                               | Person's I<br>/<br>Date                             | name<br>Restrictions<br>e of next medica<br>en treated for an                           | s) Long te<br>Phone or co  | erm (> 12 week<br>ntact details<br>/ /<br>dition in the pa                        |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other  Describe the patient's fi Fit to resume normal du Fit to resume normal du Unfit for work from How long has this patient a                                   | Treatment type<br>itness for work<br>uties on /<br>uties with restriction<br>/ / ur<br>attended the prace                                       | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /<br>tice? Has th               | Person's I<br>/<br>/ Date<br>e patient bee          | name<br>Restrictions<br>e of next medica<br>en treated for an                           | s) Long te<br>Phone or co<br>al review<br>y similar conc                 | erm (> 12 week<br>ntact details<br>/ /<br>dition in the pa                        |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other Describe the patient's fi Fit to resume normal du Fit to resume normal du Unfit for work from How long has this patient a                                    | Treatment type<br>itness for work<br>uties on /<br>uties with restriction<br>/ / ur<br>attended the prace                                       | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /<br>tice? Has th               | Person's I<br>/<br>/ Date<br>e patient bee          | name<br>Restrictions<br>e of next medica  | s) Long te<br>Phone or co<br>al review<br>y similar conc                 | erm (> 12 week<br>ntact details<br>/ /<br>dition in the pa                        |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other Describe the patient's fi Fit to resume normal du Fit to resume normal du Unfit for work from How long has this patient a                                    | Treatment type<br>in Short to<br>additional short to<br>itness for work<br>uties on /<br>uties with restriction<br>/ / ur<br>attended the prace | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /<br>tice? Has th               | Person's I<br>/<br>/ Date<br>e patient bee          | name<br>Restrictions<br>e of next medica  | s) Long te<br>Phone or co<br>al review<br>y similar conc                 | erm (> 12 week<br>ntact details<br>/ /<br>dition in the pa                        |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other Describe the patient's fi Fit to resume normal du Fit to resume normal du Unfit for work from How long has this patient a Doctor's information Doctor's name | Treatment type<br>in Short to<br>additional short to<br>itness for work<br>uties on /<br>uties with restriction<br>/ / ur<br>attended the prace | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /<br>tice? Has th<br>der number | Medium 1 Person's 1 / / Date e patient bee Work pho | term (6-12 week<br>name<br>Restrictions<br>e of next medica<br>en treated for an<br>one | s) Long te<br>Phone or co<br>al review<br>y similar conc<br>Area of spec | erm (> 12 week<br>ntact details<br>/ / /<br>dition in the pa<br>ialty<br>Postcode |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other Describe the patient's fi Fit to resume normal du Fit to resume normal du Unfit for work from How long has this patient a Doctor's information Doctor's name | Treatment type<br>in Short to<br>additional short to<br>itness for work<br>uties on /<br>uties with restriction<br>/ / ur<br>attended the prace | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /<br>tice? Has th<br>der number | Medium 1 Person's 1 / / Date e patient bee Work pho | term (6-12 week<br>name<br>Restrictions<br>e of next medica<br>en treated for an<br>one | s) Long te<br>Phone or co<br>al review<br>y similar conc<br>Area of spec | erm (> 12 week<br>ntact details<br>/ / /<br>dition in the pa<br>ialty<br>Postcode |
| Was the patient admitter Proposed treatment pla Treatment likely to be re Specialist Medical or therapy Rehabilitation Other Describe the patient's fi Fit to resume normal du Fit to resume normal du Unfit for work from How long has this patient a Doctor's information Doctor's name | Treatment type<br>in Short to<br>additional short to<br>itness for work<br>uties on /<br>uties with restriction<br>/ / ur<br>attended the prace | No Yes<br>term (6 weeks)<br>ons on /<br>ntil /<br>tice? Has th<br>der number | Medium 1 Person's 1 / / Date e patient bee Work pho | term (6-12 week<br>name<br>Restrictions<br>e of next medica<br>en treated for an<br>one | s) Long te<br>Phone or co<br>al review<br>y similar conc<br>Area of spec | erm (> 12 week<br>ntact details<br>/ / /<br>dition in the pa<br>ialty<br>Postcode |

# CHECK LIST

# Before sending this claim form to the CTP insurer please ensure that you have completed the following steps:

| Reported the accident to the police.  |
|---|
| Nominated the motor vehicle and person you consider caused the accident at question 20 (page 10) and attached any relevant documents relating to how the accident happened. |
| Found out the CTP insurer of the motor vehicle you consider caused the accident by contacting 1300 656 919.   |
| Signed the statutory declaration (page 17) in the presence of a solicitor or justice of the peace.  |
| Ensured that you and and your doctor have completed the medical certificate. This completed certificate needs to be sent in with the completed claim form.                  |
| Attached proof of age if you were under 16 years at the date of accident.   |
| Attached to the claim form any original accounts, receipts or invoices you may already have.  |
| Made a copy of the claim form, certificates, accounts, invoices, etc for your own record.   |
|   |
|   |

### Need more information?

Contact the Claims Advisory Service on 1300 656 919 or visit www.maa.nsw.gov.au

# MOTOR ACCIDENT COMPENSATION TO RELATIVES FORM



THIS CLAIM FORM IS APPROVED BY THE MOTOR ACCIDENTS AUTHORITY OF NSW. IT IS TO BE USED FOR CLAIMS MADE UNDER THE COMPENSATION TO RELATIVES ACT 1897 FOR ACCIDENTS ON OR AFTER 1 OCTOBER 2008

### Who Can Make a Claim

If you are the close relative (or the executor or administrator of the estate) of a person who died in a motor vehicle accident in NSW, there are a number of circumstances under which you may be eligible to claim compensation for the financial losses you and other close relatives may have suffered as a result of the death of that person.

For the purposes of making a claim a close relative is a wife, husband, de facto partner, brother, sister, half-brother, half-sister, parent or child of the person who died.

### 1. Other driver or owner of vehicle at fault

Whether the person who died was a driver, passenger, pedestrian, cyclist, motorbike rider or pillion passenger you can make a claim for compensation if you can demonstrate that a driver or owner of a motor vehicle, other than the person who died, was partially or completely at fault.

### 2. Special benefit for children in accidents from 1 October 2006

If the person who died was under 16 years of age and lived in NSW at the time of the accident you may still make a claim even if the accident was not caused by the driver or owner of a motor vehicle (i.e. the accident was caused by the child). Please refer to the Important note for children on page 6 for more information.

### 3. Blameless accidents from 1 October 2007

If the accident occurred on or after 1 October 2007 you may be able to make a claim for compensation even if the accident in which the person died was a blameless motor accident. Examples of blameless motor accidents could include accidents resulting from the sudden illness of a driver, such as heart attack or stroke or vehicle failure such as a tyre blow-out.

If the person who died was a passenger, pedestrian, cyclist, pillion passenger, driver or motorcycle rider you can make a claim. However, special rules apply to drivers and motorcycle riders in blameless accidents. You may not be entitled to make a claim if the person who died was involved in a single vehicle accident or if the person who died was driving or riding the vehicle that caused the accident (i.e they were the driver that suffered a medical condition which resulted in the motor accident).

For more information about the special rules that apply to drivers and motorcycle riders in blameless accidents, contact the Claims Advisory Service on 1300 656 919.

### If you were injured in a motor vehicle accident

Do not use this form if you were injured in a motor vehicle accident. If you were injured in a motor vehicle accident contact the CTP insurer to obtain a Personal Injury Claim Form. You can use the Personal Injury Claim Form for an injury that is physical, psychological or psychiatric.

### Where To Send The Claim Form

You must send the completed claim form to the Green Slip or Compulsory Third Party (CTP) insurer of the motor vehicle you consider caused the accident. If you are unsure of where to send your claim form contact the MAA's Claims Advisory Service on 1300 656 919.

The claim form should be sent to the CTP insurer as soon as possible but no later than six months after the death. Even though you might not want to think about filling in forms right now, you and your family may miss out on compensation if you do not lodge your claim within six months of the death of your relative.

### Help with your claim

If you are claiming more than funeral expenses, you might like to **talk to a solicitor**. A solicitor who understands this area of the law can help you work out who should be named in the form and who should receive compensation. Contact the NSW Law Society's Community Assistance Service (02 9926 0300) for names of personal injury accredited solicitors in your area.

### **Need More Information?**

- Contact the Claims Advisory Service on 1300 656 919, or
- Visit the Motor Accidents Authority's (MAA) website at www.maa.nsw.gov.au

### **ABOUT** THE INFORMATION IN THIS FORM

#### The information in this form is required by law

The information in this form is required by laws covering motor accidents compensation. Failure to provide the required information may result in delays in processing your claim or it being rejected.

The information in this form is used by insurers to help determine liability for your claim and your compensation entitlements. It is important that you answer the questions fully. For example, you should include details of all dependants of the person who died.

### Your information is confidential

The information in this form will be treated confidentially. Only staff of the Motor Accidents Authority (MAA), CTP insurers and other approved bodies with proper legal authority are allowed to access your information and are restricted in how they use the information. You have the right to access and correct information about you held by the MAA or CTP insurers. If you consider:

- that your personal information has been handled incorrectly by the MAA, you can ask the authority to undertake an internal review or you may contact Privacy NSW
- an insurer has handled your information incorrectly, you may contact the relevant insurer for an internal review or the Office of the Federal Privacy Commissioner.

CTP insurers are bound by national privacy principles. You may visit the licensed insurers' websites or contact them directly to request information on how to access your personal information, seek an internal review or determine with whom they share the information.

#### The information you provide must be truthful

You must answer the questions fully and truthfully. Information that is knowingly false or misleading may result in a fine of up to \$5,500 or imprisonment for up to 12 months or both.

### **INTERPRETER** ASSISTANCE

If you need an interpreter service to help you read this form, contact:

### Associated Translators & Linguists Pty Ltd

Level 5, 72 Pitt Street, Sydney, NSW 2000 P: 02 9231 3288 F: 02 9221 4763 www.atl.com.au

Office hours: 8.00am to 5.30pm (this interpreter service is provided free of charge to claimants).

| ARABIC                       | اذا كنت بحاجة الى مترجم لقراءة هذا الطلب. فالرجاء الإتصال بتليفون رقم 3288 9231.                                     |
|------------------------------|--|
| CHINESE                      | 如您需要傳譯員讀這表格請致電 9231 3288 如您需要传译员读这表格请致电 9231 3288  |
| CROATIAN                     | AKO TREBATE PREVODITELJA DA VAM PROČITA OVAJ FORMULAR NAZOVITE 9231 3288   |
| FARSI                        | اگر برای خواندن این فرم به مترجم احتیاج دارید به شماره 9231 9231 تلفن کنید.  |
| GREEK                        | ΑΝ ΧΡΕΙΑΖΕΣΤΕ ΔΙΕΡΜΗΝΕΑ ΝΑ ΣΑΣ ΔΙΑΒΑΣΕΙ ΑΥΤΟ ΤΟ ΕΝΤΥΠΟ ΤΗΛΕΦΩΝΗΣΤΕ ΣΤΟ 9231 3288.                                    |
| INDONESIAN                   | JIKA ANDA MEMERLUKAN BANTUAN PENERJEMAH UNTUK MEMBACA FORMULIR INI, SILAHKAN<br>MENELEPON 9231 3288.                 |
| ITALIAN                      | SE AVETE BISOGNO DI UN INTERPRETE PER LEGGERE QUESTO MODULO CHIAMATE IL 9231 3288.                                   |
| KOREAN                       | 이 서식을 읽기 위해 통역이 필요하시면 전화 9231 3288로 연락 주십시오.   |
| MACEDONIAN                   | АКО ВИ ТРЕБА ТОЛКУВАЧ ДА ВИ ГО ПРОЧИТА ОВОЈ ФОРМУЛАР ЈАВЕТЕ СЕ НА 9231 3288.   |
| POLISH                       | JEŚLI DO PRZECZYTANIA TEGO FORMULARZA POTRZEBUJE PAN(I) POMOCY TŁUMACZA, PROSZĘ<br>ZATELEFONOWAĆ POD NUMER 9231 3288 |
| PORTUGUESE                   | SE NECESSITAR QUE UM INTÉRPRETE LHE LEIA ESTE IMPRESSO TELEFONE PARA O<br>NÚMERO 9231 3288.                          |
| SERBIAN                      | АКО ТРЕБАТЕ ПРЕВОДИОЦА ДА ВАМ ПРОЧИТА ОВАЈ ФОРМУЛАР НАЗОВИТЕ 9231 3288.  |
| SPANISH                      | SI NECESITA QUE UN INTERPRETE LE LEA ESTE DOCUMENTO, LLAME AL: 9231 3288.  |
| <b>TAGALOG</b><br>(FILIPINO) | KUNG KAILANGAN NINYO NG TAGASALINWIKA (INTERPRETER) SA PAGBABASA NG<br>NAKASULAT DITO TUMAWAG SA 9231 3288           |
| TURKISH                      | BU FORMU OKUMAK İÇİN TERCÜMANA İHTİYACINIZ VARSA 9231 3288. 'E TELEFON EDİNİZ.                                       |
| VIETNAMESE                   | NẾU BẠN CẦN THÔNG DỊCH VIÊN ĐỂ ĐỌC MẪU ĐƠN NÀY HÃY GỌI ĐIỆN THOẠI SỐ 9231 3288.                                      |

If you need an interpreter to help you read this form, the declaration below must be completed by the interpreter and the claimant.

### Interpreter declaration

- 1 We declare that the Motor Accident Compensation to Relatives Form has been read to the undersigned claimant by the undersigned interpreter.
- 2 We understand that the Motor Accidents Authority of New South Wales and Associated Translators & Linguists Pty Limited bear no responsibility for any loss whatsoever arising from the interpreting service provided.
- **3** We acknowledge that the interpreting service provided by Associated Translators & Linguists Pty Limited was limited to reading the claim form.
- 4 This declaration has been read to the claimant by the undersigned interpreter.

| Claimant's name    | Claimant's signature    |
|--------------------|-------------------------|
|                    |                         |
| Interpreter's name | Interpreter's signature |
|                    |                         |
| Claimant's address | Date:                   |
|                    | / /                     |

### MAKING A COMPENSATION TO RELATIVES CLAIM

### There are a number of steps to making a claim:

### 1 Report the accident to the police

You must report the accident to the police as soon as possible, and in any case, within 28 days after the accident. If the accident is reported late and you cannot give a reason, it could affect the insurer's decision about your claim. If the accident has been reported late, please attach an explanation to this claim form giving the reasons for the delay.

### 2 Find out the CTP insurer of the NSW motor vehicle you consider caused the accident

Contact the Claims Advisory Service on 1300 656 919 to find out the CTP insurer. You will need to give them the NSW registration number plate of the motor vehicle you consider caused the accident and the date of the accident. If the motor vehicle you consider caused the accident is:

- not a NSW registered motor vehicle, you will need to contact the relevant state or territory.
- unregistered or cannot be identified (e.g. hit and run) see step 4 below for further instructions.

### 3 Identify the motor vehicle and person you consider caused the accident

You must indicate the motor vehicle and/or person you consider caused the accident (Q22). If you are having difficulty in finding out the motor vehicle registration number and/or the person you consider caused the accident contact the police.

### 4 If the motor vehicle you consider caused the accident was uninsured or unidentified

The Nominal Defendant receives claims where the motor vehicle you consider caused the accident cannot be identified or is uninsured, and the accident occurred in NSW.

Before sending the claim you must take action to find out the registration number of the motor vehicle or the person you consider caused the accident. For example, by putting an advertisement in the newspaper or attempting to talk to witnesses.

If you cannot find out the registration number or if the motor vehicle is unregistered and not covered by CTP insurance, send your claim to the Nominal Defendant at Level 25, 580 George Street, Sydney NSW 2000, (DX 1517 Sydney). If you need more information about the Nominal Defendant call 1300 137 131 or visit www.maa.nsw.gov.au

### 5 Complete the claim form on behalf of all dependants

A compensation to relatives claim is made by one person on behalf of all dependants of the deceased. In filling out the compensation to relatives claim form it is necessary to not only include any claim you have for loss of dependency (financial support or loss of services) but also the claims of anyone else who was dependent on the deceased. The entitlements of all dependants are dealt with at the same time and as part of the same claim.

### 6 Send the claim form to the CTP insurer

Tear along this line and keep this information after you send off the completed form

5

You must send the completed claim form to the CTP insurer of the motor vehicle you consider caused the accident (see step 2 above).

The claim form should be sent as soon as possible, but no later than six months from the date of death. You can still make a claim more than six months after the date of death. However, your claim could be rejected if you cannot give a satisfactory reason for the delay. If you make a claim more than six months after the date of death, please attach an explanation to this claim form giving reasons for the delay.

### 7 If the person who died was under 16 years at the date of accident

Attach proof of age (a certified copy of the birth certificate, death certificate or passport) and proof that the person who died was a resident of NSW at the date of their death (refer to the Important note for children on page 6).

### 8 Keep a copy of the completed forms and accounts and invoices

Please attach any original accounts and invoices you may already have to the claim form. Keep a copy of all forms, certificates, accounts and invoices, etc, so that you have your own record.

### AFTER YOU SEND YOUR CLAIM TO THE CTP INSURER

### 1 You will receive a letter from the insurer

You will get a letter from the insurer telling you they have received your claim. The letter will include a claim or reference number that you should use if you want to talk to the insurer about your claim. The letter will also include a contact person's name and phone number.

### 2 You must help the CTP insurer with its investigation of your claim

The insurer will investigate your claim. You may be required to give the CTP insurer more information, photographs, documents or records.

### 3 The insurer will tell you its decision about your claim

The insurer will tell you whether liability is accepted (fully or partly) or denied. The insurer is required to make a decision on liability within three months of a claim being made. If the insurer accepts liability, they will then make an offer of settlement, that is, an offer to pay an amount of compensation they think is appropriate after investigating the losses you describe in this form.

The settlement offer may include payment for:

- Funeral expenses paid for either by you or a close relative
- The loss of financial support which the person who died would have provided to you or other close relatives if the person had not died
- Loss of services (such as those previously provided by a parent to a child)
- Hospital and other medical expenses
- Loss of earnings the person suffered prior to their death.

You may negotiate with the insurer to settle your claim. This can include accepting the insurer's offer or making a counteroffer.

If the CTP insurer denies liability on your claim, contact the Claims Advisory Service on 1300 656 919 for further information as you may have further rights against the CTP insurer.

### 4 Important note for children

From 1 October 2006, if the person who died was under 16 years of age and lived in NSW at the time of their death, you may still make a claim for the children's special benefit even if the accident was not caused by the owner or driver of a motor vehicle. The special benefit provides for reasonable funeral or cremation expenses associated with the death of the child. If the accident was caused, wholly or in part, by the driver or owner of a motor vehicle other compensation entitlements may apply.

### 5 CTP insurer handling of your claim

CTP insurers are required to comply with the MAA Claims Handling Guidelines, which are available at www.maa.nsw.gov.au. If you need a copy sent to you, contact the Claims Advisory Service on 1300 656 919.

7

### **PERSONAL** DETAILS

| Details of the deceased person  |                            |  |                 |
|---|----------------------------|--|-----------------|
| Ms Mrs Miss   |                            |  |                 |
| Mr Other Surname/family name  |                            | Given name(s)                            |                 |
| Was the person under 16 years at the date of deat                                     | h? No                      | Yes Date of birth                        |                 |
| Sex: M F  |                            | /  | /               |
| Marital status: Never married Married (legal  | or defacto)                | Divorced Separated                       | Widowed         |
| Driver's licence number   | Occupatio                  | n  |                 |
|   |                            |  |                 |
| Medicare number Sta   | te                         |  |                 |
|   |                            |  |                 |
| Home address  |                            |  |                 |
|   |                            |  |                 |
|   |                            |  |                 |
|   | Town/suburb                | State                                    | Postcode        |
| Date of Death Cause of death, if known  |                            |  |                 |
|   | 1.1.16.11.1.1.1.1.1.1.1.   |  | 6 10            |
| Note: a copy of the death certificate should be lodged with this of as soon as it is. | claim. If this certificate | e is not available when you lodge the fi | orm, forward it |
| Details of the person making this claim   |                            |  |                 |
| Ms Mrs Miss   |                            |  |                 |
| Mr Other Surname/family name  |                            | Given name(s)                            |                 |
| Have you ever been known by another name?   | No Yes                     | •  |                 |
| Do you need an interpreter to help you with   | No Yes                     |  |                 |
| your claim?   | 100 100                    |  |                 |
| Home address  |                            | Language                                 |                 |
|   |                            |  |                 |
|   |                            |  |                 |
| Postal address (or as above)  | Town/suburb                | State                                    | Postcode        |
| Postal address (or as above)  |                            |  |                 |
| Postbox   | Town/suburb                | State                                    | Postcode        |
| Phone numbers   | ionn, ouburb               | Oldio                                    | 1 0310008       |
| ( ) ( )   |                            | ( )                                      |                 |
| Home  | Work                       | Mobile                                   |                 |
|   |                            |  |                 |
|   |                            |  |                 |
| Are you a close relative of the deceased person?                                      | No Yes                     |  |                 |
|   |                            | Relationship                             |                 |

| Ar      | e you completing this fo        | orm because you a    | re acting in     | a professio    | nal capacity, e.g.  | as a solicito | or? |
|---------|---------------------------------|----------------------|------------------|----------------|---------------------|---------------|-----|
|         |                                 |                      |                  | Professiona    |                     |               |     |
|         | N                               | o Yes                | }                |                |                     |               |     |
| Wł      | no will continue to conc        | luct this claim?     |                  |                |                     |               |     |
| Na      | me                              |                      |                  |                |                     |               |     |
|         |                                 |                      |                  |                |                     |               |     |
| Ad      | dress                           |                      |                  |                |                     |               |     |
|         |                                 |                      |                  |                |                     |               |     |
|         |                                 |                      |                  |                |                     |               |     |
|         |                                 |                      | Том              | vn/suburb      | State               |               | Pos |
|         | CIDENT DETAILS                  |                      |                  |                |                     |               |     |
| If      |                                 |                      | rop ort it issue | andiatak       |                     |               |     |
|         | ou have not reported the a      |                      |                  |                |                     |               |     |
| 1       | Date of accident                | Time of accid        | ent              | Weather        | and road condition  | ons           |     |
|         | / /                             | ÷                    | am/pm            |                |                     |               |     |
| 2       | Place of the accident           | t (streets and town  | or suburb)       |                |                     |               |     |
|         |                                 |                      |                  |                |                     |               |     |
| Stre    | eet(s)                          |                      | Tow              | n/suburb       | State               |               | Pos |
| 3       | Did the police come             | to the accident sce  | ene?             | No             | Yes 🔰 🕨 Go          | to Q5         |     |
| 4       |                                 |                      |                  | •              |                     |               |     |
| 4       | Was the accident rep            | -                    |                  |                |                     |               |     |
|         | No Report the acc               | cident immediately   | Yes              | Date repo      | ried /              | /             |     |
| 5       | Police officer's detail         | s (if you have a cop | by of the po     | lice report, p | blease attach it to | this form)    |     |
|         |                                 |                      |                  |                |                     |               |     |
| Poli    | ce officer's name               | Police stat          | ion              |                | Police "event" r    | number        |     |
| 6       | Is police action going          | g to be taken? No    | o 🔰 🕨 Go ta      | 0 Q7 Don't     | know 🔰 🕨 Go to (    | Q7 Yes        |     |
|         |                                 | -                    |                  |                |                     |               |     |
| Nan     | ne of person charged (if known) | Registratio          | n plate number   |                | Charge (if know     | า)            |     |
| - Total |                                 | . logiod ado         |                  |                | 0.10.30 (           | ·,            |     |
|         |                                 |                      |                  |                |                     |               |     |
|         | urt (if known)                  | n an din a O         |                  |                |                     |               |     |
| 7       | ls a coronial inquest           | pending? No          | )                | Don't          | know 🕨 🕨 Go to (    | Q8 Yes        |     |
|         |                                 |                      |                  |                |                     |               |     |
|         |                                 | Court (if kr         | iown)            |                | Date (if known)     |               |     |
|         |                                 |                      |                  |                |                     |               |     |
|         |                                 |                      |                  |                |                     |               |     |

| 8  | What part did the deceased play in the accident?  |
|----|---|
|    | Driver Passenger Cyclist Motorbike rider Pillion passenger Pedestrian   |
|    | └── Go to Q9 ── Go to Q11 ──── Go to Q12  |
| 9  | If the deceased person was a driver or passenger in a motor vehicle, was the driver/rider wearing a seat belt?  |
| 10 | If the deceased person was a driver or a passenger in a motor vehicle, No Yes Don't know Don't know   |
| 11 | If the deceased person was on a motorbike or a bicycle, was he/she wearing a safety helmet?   |
| 12 | Had the deceased person taken any drugs, including medication or alcohol in the 12 hours before the accident?   |
|    | No Don't know Yes   |
|    | Type and amount   |
| 13 | If a blood sample was taken, what was the result? Don't know Go to Q14  |
|    |   |
| 14 | If the deceased person was a passenger in a motor vehicle or a passenger on a bicycle or motorbike, had the driver or rider taken any drugs, including medication or alcohol in the 12 hours before the accident?                             |
|    | No Don't know Yes   |
|    | Type and amount   |
| 15 | If a blood sample was taken, what was the result? Don't know Go to Q16  |
|    |   |
| 16 | Was the accident a 'blameless accident'? No Yes   |
|    | Examples of blameless motor accidents could include accidents resulting from the sudden illess of a driver such as heart attack or stroke or vehicle failure such as a tyre blow-out.   |
|    | If you answered 'yes' to Q16 you will need to include details of why you think the accident was 'blameless' in your description of the accident at Q18. You may also be required to provide more information after you lodge this claim form. |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |

| 17 | Draw a diagram of the acci<br>Show the point of impact a  | dent. Include inte<br>nd position of all                | ersecti<br>motoi | ons, streets, roads and their names.<br>r vehicles.                         |
|----|---|---|------------------|---|
|    | Example diagram for motor ve                              | hicle   |                  |   |
|    |   | East Road<br>Motor vehicle EFG 456                      | South<br>Street  | Intersection Motor vehicle that caused the accident ABC 123 Point of impact |
|    | Example diagram for pedestria                             | n/cyclist   |                  |   |
|    |   | West Road<br>Deceased person walking<br>on the crossing | North<br>Street  | Intersection  Motor vehicle that caused the accident ABC 123                |
|    | Diagram of the accident                                   |   |                  |   |
|    |   |   |                  |   |
| 18 | Description of the accident<br>(including who you conside | er caused the acc                                       | ident            | and how the accident happened)  |
|    |   |   |                  |   |
|    |   | if you and to include                                   |                  |   |
| 10 | Please attach a separate page                             | n you need to inclu                                     |                  |   |

### DETAILS OF ALL MOTOR VEHICLES INVOLVED IN THE ACCIDENT

| 19    | How many motor ve   | ehicles were    | involved in the ac    | ccident?                |                  |               |                  |
|-------|---|-----------------|-----------------------|-------------------------|------------------|---------------|------------------|
| 20    | Do you know the re  | gistration nu   | mber of the moto      | r vehicle you cons      | ider caused t    | he accident   | ?                |
|       | Yes Go to Q22   | No              | lf you don't know th  | nis information after c | contacting the p | olice go to Q | 21.              |
| 21    | Applies to unidentif  | iod motor vo    | hiclos only           |                         |                  |               |                  |
| 21    |   |                 | -                     | ken to find out the re  | egistration num  | ber or the na | me of the        |
|       | You have an obligation to provide evidence of steps taken to find out the registration number or the name of the person who drove the motor vehicle you consider caused the accident. Please list any actions you have taken and attach any proof such as a newspaper advertisement or account of discussions with any witnesses, etc. Fill in as |                 |                       |                         |                  |               |                  |
|       | many of the details at  |                 |                       | or account of discus    | SIONS WILLI ANY  |               | .u. i iii iii do |
|       |   |                 |                       |                         |                  |               |                  |
|       |   |                 |                       |                         |                  |               |                  |
|       |   |                 |                       |                         |                  |               |                  |
|       |   |                 |                       |                         |                  |               |                  |
| Nier  | . Cill in the second second states of   |                 |                       |                         |                  |               |                  |
|       | v fill in as many of the d  |                 |                       |                         |                  |               |                  |
|       | Provide details of th   | ne motor ven    |                       |                         |                  | atation wage  |                  |
| Reg   | jistration number   |                 | Make or model (e      | .g. Toyota Carriry)     | Type (e.g.       | station wagor | i, secari)       |
|       |   | State           |                       |                         |                  |               |                  |
| Yea   | r of manufacture  | Colour          | Number c              | of people in vehicle    | Driver's lice    | ence number   |                  |
|       |   |                 |                       | Including driver        |                  |               | State            |
| Brie  | fly describe the damage   | e caused to thi | is vehicle (if known) | Name of property of     | damage or com    | prehensive in | surer, if known  |
|       |   |                 |                       |                         |                  |               |                  |
| Driv  | er's surname/family nar   | ne              |                       | Driver's given name     | e(s)             |               |                  |
|       |   |                 |                       |                         |                  |               |                  |
| Driv  | er's home phone   |                 | Driver's work phon    | le                      | Driver's mot     | oile phone    |                  |
| (     | )   |                 | ( )                   |                         | ( )              |               |                  |
| Driv  | er's address  |                 |                       |                         |                  |               |                  |
|       |   |                 | Тс                    | wn/suburb               |                  | State         | Postcode         |
|       | ner's surname/family na   | ame (if same as |                       |                         |                  | olale         | FUSICOUE         |
| 000   |   |                 |                       | Owners give             | 1111d111e(S)     |               |                  |
| (Or c | organisation/company name)  |                 |                       |                         |                  |               |                  |
| Ow    | ner's home phone  |                 | Owner's work pho      | one                     | Owner's m        | obile phone   |                  |
| (     | )   |                 | ( )                   |                         | ( )              |               |                  |
| Ow    | ner's address   |                 |                       |                         |                  |               |                  |
|       |   |                 |                       |                         |                  |               |                  |
|       |   |                 | Tc                    | own/suburb              |                  | State         | Postcode         |
|       |   |                 |                       |                         |                  |               |                  |

### **OFFICIAL NOTICES**

| 23 Was the deceased         | person tra      | velling in this vehic   | le? Yes Go           | to Q25 No 🔻                 |            |
|-----------------------------|-----------------|-------------------------|----------------------|-----------------------------|------------|
| 24 Provide details of the   | ne vehicle t    | he deceased perso       | on was travelling in | (if they were travelling in | a vehicle) |
| Registration number         |                 | Make or model (e        | .g. Toyota Camry)    | Type (e.g. station wago     | n, sedan)  |
|                             |                 |                         |                      |                             |            |
|                             | State           |                         |                      |                             |            |
| Year of manufacture         | Colour          | Number o                | of people in vehicle | Driver's licence number     |            |
|                             |                 |                         |                      |                             |            |
| Briefly describe the damage | o courod to :   | thic vahiala (if known) | Including driver     | amaga ar comprehensiva ir   | State      |
| Dheny describe the damag    | e caused to     |                         | Name of property u   | amage of comprehensive in   |            |
| Driver's surname/family nar | ne              |                         | Driver's given name  | (S)                         |            |
|                             |                 |                         |                      |                             |            |
| Driver's home phone         |                 | Driver's work phor      | IE                   | Driver's mobile phone       |            |
| ( )                         |                 | ( )                     |                      | ( )                         |            |
|                             |                 |                         |                      |                             |            |
| Driver's address            |                 |                         |                      |                             |            |
|                             |                 |                         |                      |                             |            |
|                             |                 |                         | Town/suburb          | State                       | Postcode   |
| 25 Provide details of a     | ny othor yo     | hiele(s) involved in    | the excident         |                             |            |
| 25 Provide details of a     | ny other ve     |                         |                      |                             |            |
| Registration number         |                 | Make or model (e        | .g. Ioyota Camry)    | Type (e.g. station wago     | n, sedan)  |
|                             |                 |                         |                      |                             |            |
| Year of manufacture         | State<br>Colour | Number                  | of people in vehicle | Driver's licence number     |            |
|                             | COIOUI          |                         |                      | Differ Sticence Humber      |            |
|                             |                 |                         | Including driver     |                             | State      |
| Briefly describe the damage | e caused to     | this vehicle (if known) |                      | amage or comprehensive ir   |            |
|                             |                 |                         |                      | <b>.</b>                    |            |
|                             |                 |                         |                      |                             |            |
| Driver's surname/family nar | ne              |                         | Driver's given name  | (S)                         |            |
|                             |                 |                         |                      |                             |            |
| Driver's home phone         |                 | Driver's work phor      | 1e                   | Driver's mobile phone       |            |
| ( )                         |                 | ( )                     |                      | ( )                         |            |
| Driver's address            |                 |                         |                      |                             |            |
| DING S AUGIESS              |                 |                         |                      |                             |            |
|                             |                 |                         | Town/suburb          | State                       | Postcode   |
|                             |                 |                         | 10WH/Suburb          | Sidie                       | FUSICOUE   |
| Please attach a separate p  | age if you ne   | ed to include more in   | formation.           |                             |            |
|                             |                 |                         |                      |                             |            |
|                             |                 |                         |                      |                             |            |
|                             |                 |                         |                      |                             |            |
|                             |                 |                         |                      |                             |            |
|                             |                 |                         |                      |                             |            |
|                             |                 |                         |                      |                             |            |
| 2                           |                 |                         |                      |                             |            |

## **DETAILS** OF WITNESSES

| 26 Witnesses. Provide details of wit       | tnesses (including  | g witnesses in the san | ne motor vehicle as the decea | sed person). |
|--|---------------------|------------------------|-------------------------------|--------------|
| Witness 1                                  |                     |                        |                               |              |
| Surname/family name                        |                     | Given name(s)          |                               |              |
|  |                     |                        |                               |              |
| Home address                               |                     |                        |                               |              |
|  |                     |                        |                               |              |
|  |                     | Town/suburb            | State                         | Postcode     |
| Home phone                                 | Work phone          |                        | Mobile phone                  |              |
| ( )  | ( )                 |                        | ( )                           |              |
| Registration number (if the witness was in | a vehicle)          | Relationship to dec    | ceased (if any)               |              |
|  |                     |                        |                               |              |
| Witness 2                                  | State               |                        |                               |              |
| Surname/family name                        |                     | Given name(s)          |                               |              |
|  |                     |                        |                               |              |
| Home address                               |                     |                        |                               |              |
|  |                     |                        |                               |              |
|  |                     | Town/suburb            | State                         | Postcode     |
| Home phone                                 | Work phone          | 10wh/Suburb            | Mobile phone                  | T OSICOUE    |
| ( )  | ( )                 |                        | ( )                           |              |
|  |                     |                        |                               |              |
| Registration number (if the witness was in | a vehicle)          | Relationship to dec    | ceased (if any)               |              |
|  |                     |                        |                               |              |
| Witness 3                                  | State               |                        |                               |              |
| Surname/family name                        |                     | Given name(s)          |                               |              |
|  |                     |                        |                               |              |
| Home address                               |                     |                        |                               |              |
|  |                     |                        |                               |              |
|  |                     | Town/suburb            | State                         | Postcode     |
| Home phone                                 | Work phone          |                        | Mobile phone                  |              |
| ( )  | ( )                 |                        | ( )                           |              |
| Registration number (if the witness was in | a vehicle)          | Relationship to dec    | ceased (if any)               |              |
|  |                     |                        |                               |              |
|  | State               |                        |                               |              |
| Witness 4<br>Surname/family name           |                     | Given name(s)          |                               |              |
|  |                     |                        |                               |              |
| Home address                               |                     |                        |                               |              |
|  |                     |                        |                               |              |
|  |                     |                        |                               | Dest         |
| Home phone                                 | Work phone          | Town/suburb            | State<br>Mobile phone         | Postcode     |
| ( )  | ( )                 |                        | ( )                           |              |
| Desigtration purch or (if the with a set   |                     | Deletionalai           |                               |              |
| Registration number (if the witness was in | a venicie)          | Relationship to dec    | ceased (IT any)               |              |
|  |                     |                        |                               |              |
| Please attach a separate page if you need  | d to include more i | information            |                               |              |

### **DETAILS** OF FINANCIAL LOSSES

### **Funeral expenses**

Once liability is admitted, insurers should pay or reimburse the reasonable costs of funeral and other burial expenses (including a headstone).

| 27 | Date of funeral  |  | Cost of funera                       | al                               |                           |                       |
|----|--|--|--------------------------------------|----------------------------------|---------------------------|-----------------------|
|    | / /  |  |                                      |                                  |                           |                       |
|    | Have the funeral expense   | -  | Yes                                  | No                               |                           |                       |
|    | Name and address of the pe   | erson(s) who paid to                       | or the funeral                       |                                  |                           |                       |
|    |  |  |                                      |                                  |                           |                       |
|    |  |  | Town/subur                           | b                                | State                     | Postcode              |
| 28 | Has the headstone been   | paid for? Yes                              | No                                   |                                  |                           |                       |
|    | Name and address of the pe   | erson(s) who paid fo                       | or the headstone                     |                                  |                           |                       |
|    |  |  |                                      |                                  |                           |                       |
|    |  |  |                                      |                                  |                           |                       |
|    | Original accounts and/or rec<br>payments can be made.  | eipts for the funeral                      | and headstone e                      | expenses mu                      | st be sent to the insurer | before                |
|    | Details of dependant pe  | ersons claiming                            | loss of financ                       | ial support                      | t                         |                       |
|    | Before the accident, the pers<br>housing and clothing or mak<br>car or education expenses).<br>de facto partner, parent, child | ing payments to so<br>These close relative | meone else on b<br>es or "dependant: | ehalf of a dep<br>s" might be th | pendant (eg. rent or mor  | tgage payments,       |
| 29 | Do any of the deceased p<br>to claim compensation for<br>they were receiving prior<br>relative?                                | r the loss of finan                        | cial support                         | Yes                              | No Statutor<br>on page    | y Declaration<br>e 22 |
|    | If you or any of the close rela<br>following information about y<br>information on a separate sh<br>to this form.              | ourself and the oth                        | er dependants. If                    | there are mo                     | ore than three dependant  | ts, write the         |
|    | If any dependants are under  | 18 years, please at                        | tach a copy of ea                    | ach dependa                      | nt's birth certificate.   |                       |
|    |  |  |                                      |                                  |                           |                       |
|    |  |  |                                      |                                  |                           |                       |
|    |  |  |                                      |                                  |                           |                       |
|    |  |  |                                      |                                  |                           |                       |
|    |  |  |                                      |                                  |                           |                       |

| - | - | - | 0 |
|---|---|---|---|
|   |   |   | ч |
|   |   |   | - |
|   |   |   |   |

| 30   | Dependant 1  |  |                                     |                     |            |                       |
|--|--|--|-------------------------------------|---------------------|------------|-----------------------|
| Full   | name (title, given names, surnames)  |  |                                     |                     |            |                       |
| If this  | e of birth<br>/ //<br>s person is less than 18 years please<br>sh a copy of the birth certificate.   | Marital status<br>never married<br>legally married |                                     | widowed<br>de facto |            | divorced<br>separated |
| Hor  | ne address   |  |                                     |                     |            |                       |
| Rela   | ationship to the deceased person   | Тс   | own/suburb                          |                     | State      | Postcode              |
| <b>31</b><br>Nar   | Was the dependant employed?<br>ne and address of dependant's employ  | Yes 🗸  | No 📄 Þ Go to Q32                    | 2                   |            |                       |
| At tir   | nes of relative's death  | Тс   | own/suburb                          |                     | State      | Postcode              |
| At pr  | esent  | Тс   | own/suburb                          |                     | State      | Postcode              |
| Len  | gth of time at present job   | Normal weekly ea<br>at time of relatives           |                                     | at present          |            |                       |
|  |  |  |                                     |                     |            |                       |
|  |  | Before tax   | After tax                           | Before ta           | X          | After tax             |
| 32   | Does the dependant have any othe income protection policy?   | er income, eg. inve                                |                                     |                     |            | -                     |
|  | Yes No Go to Q33   |  | Describe what kinc                  | l of income the dep | pendant    | receives              |
|  | •  |  | How much a week other source of inc |                     | ant receiv | re from this          |
| 33   | Describe how much financial supp   | ort the deceased                                   | Support                             | \$/week             |            | *Method               |
|  | person provided the dependant ea<br>example, consider things like mon  | ch week. For                                       | eg. rent                            | eg. 100             |            | eg. bank              |
| (board and allowances) food, clothir services, (eg. housekeeping and chi |  | ing, housing,<br>nild care) rent,                  |                                     |                     |            |                       |
|  | mortgage payments, car payments<br>education expenses, health and me<br>expenses, utilities and entertainme  | edication  |                                     |                     |            |                       |
|  | If you need more space, please attach a s<br>"Financial support provided by the deceas   | separate page titled                               |                                     |                     |            |                       |
|  | <ul> <li>* The column titled Method refers to how relative paid the dependant:</li> <li>direct deposit into banking ac</li> <li>cash direct to dependant = ca</li> <li>cheque direct to dependant =</li> </ul> | count = bank<br>ash                                |                                     |                     |            |                       |
| 15   |  | 0.10440  |                                     |                     |            |                       |
| 1 O  |  |  |                                     |                     |            |                       |

|         | name (title, given names, surnames)  |  |                                  |       |              |          |                       |
|---------|--|--|----------------------------------|-------|--------------|----------|-----------------------|
| If this | te of birth<br>/ /<br>s person is less than 18 years please<br>ch a copy of the birth certificate.   | Marital status<br>never married<br>legally married                                 | I                                |       | owed<br>acto |          | divorced<br>separatec |
| Hor     | ne address   |  |                                  |       |              |          |                       |
| Rela    | ationship to the deceased person   | Т  | own/suburb                       |       | S            | tate     | Postco                |
| 35      | Was the dependant employed?  | Yes  | No 📄 🕨 Go ta                     | D Q36 |              |          |                       |
| Nan     | ne and address of dependant's employ   | yer  |                                  |       |              |          |                       |
| At ti   | imes of relative's death   | Т  | own/suburb                       |       | S            | tate     | Postco                |
| At p    | present  | T<br>Normal weekly ea  | own/suburb                       |       | S            | tate     | Postco                |
| Len     | ngth of time at present job  | at time of relatives   |                                  |       | at present   |          |                       |
|         |  | Before tax   | After tax                        |       | Before tax   |          | After tax             |
| 36      | Does the dependant have any other income protection policy?         Yes       No         Go to Q37   | er income, eg. inve  | estments, pensi<br>Describe what |       | -            |          |                       |
|         |  |  | How much a w other source of     |       |              | t receiv | e from this           |
| 37      | Describe how much financial supp<br>person provided the dependant ea   |  | Support                          |       | \$/week      |          | *Method               |
|         | example, consider things like mon<br>(board and allowances) food, cloth<br>services, (eg. housekeeping and c<br>mortgage payments, car payments                | ey payments<br>hing, housing,<br>hild care) rent,<br>s, car expenses,<br>edication | eg. rent                         |       | eg. 100      |          | eg. bank              |
|         | education expenses, health and m   | ent etc.   |                                  |       |              |          |                       |
|         | education expenses, health and m<br>expenses, utilities and entertainme<br>If you need more space, please attach a<br>"Financial support provided by the decea | separate page titled   |                                  |       |              |          |                       |

| 1 | 1 | 2 | 1 |
|---|---|---|---|
|   |   |   |   |

| 38     | Dependant 3  |                      |                     |                    |             |               |
|--------|--|----------------------|---------------------|--------------------|-------------|---------------|
| Full   | name (title, given names, surnames)  |                      |                     |                    |             |               |
|        |  |                      |                     |                    |             |               |
| Dat    | e of birth   | Marital status       |                     |                    |             |               |
|        | / /  | never married        |                     | widowed            |             | divorced      |
| lf thi | s person is less than 18 years please  | legally married      |                     | de facto           |             | separated     |
| attao  | ch a copy of the birth certificate.  |                      |                     |                    |             |               |
| Hor    | me address   |                      |                     |                    |             |               |
|        |  |                      |                     |                    |             |               |
| Rela   | ationship to the deceased person   | Тс                   | own/suburb          |                    | State       | Postcode      |
|        |  |                      |                     |                    |             |               |
|        |  |                      |                     |                    |             |               |
| 39     | Was the dependant employed?  | Yes                  | No 🕨 Go to C        | 40                 |             |               |
| Nar    | me and address of dependant's emplo  | yer                  |                     |                    |             |               |
|        |  |                      |                     |                    |             |               |
| At tir | mes of relative's death  | Тс                   | own/suburb          |                    | State       | Postcode      |
|        |  |                      |                     |                    |             |               |
| At p   | resent   | Тс                   | own/suburb          |                    | State       | Postcode      |
|        | ally a father of the second state  | Normal weekly ea     | •                   |                    |             |               |
| Ler    | ngth of time in present job  | at time of relatives | death               | at present         |             |               |
|        |  |                      |                     |                    |             |               |
|        |  | Before tax           | After tax           | Before t           | ax          | After tax     |
| 40     | Does the dependant have any oth income protection policy?  | er income, eg. inve  | estments, pension   | , workers compe    | ensation, o | disability or |
|        | Yes No Go to Q41   |                      | Describe what kind  | d of income the de | ependant i  | receives      |
|        | ▼ 110 V 110 V  |                      |                     |                    |             |               |
|        |  |                      | How much a week     | does the depend    | lant receiv | e from this   |
|        |  |                      | other source of inc | ome?               |             |               |
|        |  |                      |                     |                    |             |               |
| 41     | Describe how much financial supports person provided the dependant each support of the dependent each support each support of the dependent each support e |                      | Support             | \$/week            |             | *Method       |
|        | example, consider things like mon  | ley payments         | eg. rent            | eg. 100            |             | eg. bank      |
|        | (board and allowances) food, cloth<br>services, (eg. housekeeping and c  |                      |                     |                    |             |               |
|        | mortgage payments, car payment   | s, car expenses,     |                     |                    |             |               |
|        | education expenses, health and mexpenses, utilities and entertainme  |                      |                     |                    |             |               |
|        | If you need more space, please attach a<br>"Financial support provided by the decea  |                      |                     |                    |             |               |
|        | * The column titled Method refers to how   |                      |                     |                    |             |               |
|        | relative paid the dependant:<br>• direct deposit into banking a  | ccount = bank        |                     |                    |             |               |
|        | <ul> <li>cash direct to dependent = c</li> <li>cheque direct to dependent =</li> </ul>   | ash                  |                     |                    |             |               |
|        |  | 5.10400              |                     |                    |             |               |
| 17     |  |                      |                     |                    |             |               |

### DETAILS OF THE RELATIONSHIP BETWEEN THE DECEASED PERSON AND THEIR SPOUSE 42 Does the deceased person have a surviving spouse? Yes Go to Q47 No 43 Was the spouse legally married to the deceased person? Go to Q44 Yes No Date of marriage Place of marriage 1 1 A copy of the marriage certificate should be lodged with this claim form. Go to Question 45 44 If the deceased person lived in a de facto relationship with the / surviving spouse, on what date did the relationship start? 45 Before the accident, was the surviving spouse Yes No Go to Q47 separated or divorced from the deceased person? When did the seperation start? When did the marriage dissolve? Separated Divorced / Month / Year / Month / Dav Day Year 46 Was there a maintenance order against the deceased Go to Q47 Yes No person which was current at the date of death? Please provide details When did the deceased person last pay maintenance? \$ / Month / Year Amount Dav **DETAILS** OF THE DECEASED PERSON'S EARNINGS 47 At the date of the accident, what was the deceased person's employment status? self-employed home duties retired other employed full time student unemployed 48 Was the deceased person employed at the date of the accident? Yes No Go to Q52 49 Name and address of the deceased person's employer at the time of the accident State Postcode Town/suburb Contact phone number Contact person's name ( ) THIS QUESTION CONTINUES ON THE NEXT PAGE

| Deceased person's                   | usual weekly work hours           |                      |                 |   |
|-------------------------------------|-----------------------------------|----------------------|-----------------|---|
| Ordinary                            |                                   | Overtime             |                 |   |
| Description of dutie                | 6                                 |                      |                 |   |
| Description of dutie                | 5                                 |                      |                 |   |
|                                     |                                   |                      |                 |   |
| Standard weekly ea                  | arnings                           |                      |                 |   |
| Gross pay                           | Tax                               | Net pay              |                 |   |
|                                     |                                   |                      |                 |   |
| before the acc                      | used person have a sec<br>cident? | ond paid job         | Yes 🕨 Go to Q51 | No Figure Go to Q52                                   |
|                                     |                                   |                      |                 |   |
| 51 Name and add                     | dress of the deceased             | person's second empl | oyer            |   |
|                                     |                                   |                      |                 |   |
|                                     |                                   |                      |                 |   |
|                                     |                                   |                      |                 |   |
|                                     |                                   | Town/suburb          | State           | Postcode  |
| Contact person's n                  | ame                               |                      | ct phone number |   |
| Contact percentern                  |                                   | (                    | )               |   |
|                                     |                                   |                      |                 |   |
|                                     | hours in second job               |                      |                 |   |
| Ordinary                            |                                   | Overtime             |                 |   |
| Description of dutie                | s (second job)                    |                      |                 |   |
|                                     |                                   |                      |                 |   |
| Standard weekly ea                  | arnings (second job)              |                      |                 |   |
|                                     |                                   |                      | jobs, please    | ased person had any other<br>e attach a page labelled |
| Gross pay                           | Tax                               | Net pay              | "Other emp      | Noyment .   |
| 52 Was the dece                     | ased person self-emplo            | oyed at the time     | Yes             | No 🔰 Go to Q56  |
| of the accider<br>Name and nature o |                                   |                      | Phone nur       | mber  |
|                                     |                                   |                      |                 | TIDEI   |
| Work place address                  | 5                                 |                      |                 |   |
|                                     |                                   |                      |                 |   |
|                                     |                                   |                      |                 |   |
|                                     |                                   | Town/suburb          | State           | Postcode  |
| Accountant's name                   |                                   |                      |                 |   |
|                                     |                                   |                      |                 |   |
|                                     |                                   |                      |                 |   |
|                                     |                                   |                      |                 |   |
|                                     |                                   | Town/suburb          | State           | Postcode  |
|                                     |                                   | TOWIT/SUDUD          | State           | 1 0310000   |

### **OFFICIAL NOTICES**

|    | B Is this business still operating?   | les 🗸           | No 🕨 🕨 G        | o to Q55       |              |
|----|---|-----------------|-----------------|----------------|--------------|
| 54 | Has anyone been employed to replace the Y deceased person?  | /es             | No              |                |              |
| 55 | Estimate the earnings lost as a result of the accir<br>amount. You should give the insurer copies of the<br>tax returns with this claim form. If you do not hav<br>they are available.  | e deceased pe   | rson's perso    | nal and bus    | iness income |
|    | If you need more space, attach a page labelled "Self employment ear   | rnings lost"    |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
| 56 | Was the deceased person receiving any other fo<br>(eg. investment, workers compensation, social so  |                 |                 |                |              |
|    |   |                 | Yes             | I              | No           |
|    | <ul> <li>If the deceased person was being paid:</li> <li>a benefit, provide the social security number</li> <li>worker's compensation, provide the insurer an<br/>through a disability or income protection policy</li> </ul> |                 | irer and policy | number.        |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
| 57 | Before the accident, had the deceased person m  | nade any firm a | rrangements     | s to start a n | ewich orston |
| 01 | work, or change duties, working hours or earnin   |                 | Yes             |                |              |
|    | Details should state when the new arrangements were proposed employer. Provide a copy of any letter or othe   |                 |                 | n the name o   | f the        |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |
|    |   |                 |                 |                |              |

NEW SOUTH WALES GOVERNMENT GAZETTE No. 44

## **OTHER** INFORMATION

| 58 | Did the deceased person have any health   |                       |                              | s, heart conditi | on) <b>before</b> the | accident? |
|----|---|-----------------------|------------------------------|------------------|-----------------------|-----------|
|    |   | Yes                   | No                           | ▶ Go to Q59      | Don't know            | Go to Q59 |
|    | Please describe the problems  |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
| 59 | Were there any expenses and financial lo accident in the time between the acciden | t and the date of Yes | y the dee<br>of death?<br>No | ceased persor    | n resulting fror      | n the     |
|    | Describe eg. intensive care fees, lost wages                                      | •                     |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
|    |   |                       |                              |                  |                       |           |
| 21 |   |                       |                              |                  |                       |           |

## **STATUTORY** DECLARATION

Please read the statutory declaration carefully before signing.

# **CHECK** LIST

# Before sending this claim form to the CTP insurer please ensure that you have completed the following steps:

| Reported the accident to the police  |
|--|
| Nominated the motor vehicle and person you consider caused the accident at question 22 (page 11) and attached any relevant documents relating to how the accident happened |
| Found out the CTP insurer of the motor vehicle you consider caused the accident by contacting 1300 656 919   |
| Signed the statutory declaration (page 22) in the presence of a solicitor or justice of the peace  |
| Attached proof of age if the person who died was under 16 years at the date of death   |
| Attached to the claim form any original accounts, receipts or invoices you may already have  |
| Attached copies of any relevant certificates such as death certificates or marriage certificates   |
| Made a copy of the claim form, certificates, accounts, invoices etc for your own record  |

### Need more information?

Contact the Claims Advisory Service on 1300 656 919 or visit www.maa.nsw.gov.au

# **PRIVATE ADVERTISEMENTS**

### **COUNCIL NOTICES**

### ALBURY CITY COUNCIL

Roads Act 1993, Section 162

NOTICE is hereby given that Albury City Council, pursuant to section 162 of the Roads Act 1993, has renamed the following road:

Location

Road Name Smithwick Lane.

Existing road running parallel and south of Borella Road between Broad and Keene Streets, East Albury.

L. G. TOMICH, General Manager, Albury City Council, 553 Kiewa Street, Albury NSW 2640. [6431]

### **GREATER HUME SHIRE COUNCIL**

Roads Act 1993

Land Acquisition (Just Terms Compensation) Act 1991

### Notice of Compulsory Acquisition of Land

GREATER HUME SHIRE COUNCIL declares with the approval of Her Excellency the Governor, that the land described in the Schedule below, excluding any mines or deposits of minerals in the land, is acquired by compulsory process in accordance with the provisions of the Land Acquisition (Just Terms Compensation) Act 1991, for a bridge replacement on Culcairn Holbrook Road. Dated at Holbrook, this 7th day of February 2012. S. PINNUCK, General Manager, Greater Hume Shire Council, PO Box 99, Holbrook NSW 2644.

### SCHEDULE

Lots 11 and 12, DP 1169429.

### **KYOGLE COUNCIL**

Roads Act 1993, Section 162

NOTICE is hereby given that the Kyogle Council, in pursuance of section 162 of the Roads Act 1993 and the Roads (General) Regulation 2000, has resolved to make the road name change listed below:

Road No./Current Road Name or Description of Route

304 – The un-named road near the village of Woodenbong starting from Lindsay Creek Road and running in a westerly direction through Lot 7016, DP 1072312 and immediately to the north of the adjoining Lot 7005, DP 1055056, then through to the western most boundary of Lot 7, DP 751059.

A. E. PIGGOTT, General Manager, Kyogle Council, PO Box 11, Kyogle NSW 2474. [6433]

### LIVERPOOL CITY COUNCIL

Roads Act 1993, Section 10

### Notice of Dedication of Land as Public Road

NOTICE is hereby given that the Council of the City of Liverpool dedicates the land described in the Schedule below as public road under section 10 of the Roads Act 1993. FAROOQ PORTELLI, General Manager, The Council of the City of Liverpool, Locked Bag 7064, Liverpool BC NSW 1871.

#### **SCHEDULE**

All that piece or parcel of land known as Lot 107 in Deposited Plan 1145941 and Lot 108 in Deposited Plan 1145941 in the City of Warwick Farm, Parish of St Luke, County of Cumberland and as described in Folio Identifier 107/1145941 and 108/1145941. [6434]

### LIVERPOOL CITY COUNCIL

Roads Act 1993, Section 10

Notice of Dedication of Land as Public Road

NOTICE is hereby given that The Council of the City of Liverpool dedicates the land described in the Schedule below as public road under section 10 of the Roads Act 1993. FAROOQ PORTELLI, General Manager, The Council of the City of Liverpool, Locked Bag 7064, Liverpool BC NSW 1871.

### SCHEDULE

All that piece or parcel of land known as Lot 1 in Deposited Plan 184688 in the City of Liverpool, Parish of St Luke, County of Cumberland and as described in Folio Identifier 1/184688. [6435]

### PENRITH CITY COUNCIL

### Erratum

PURSUANT to Clause 9 of the Roads Regulation 2008, the following Road Names advertised on page 813, of the *New South Wales Government Gazette* No. 19, dated 10 February 2006:

Road Name Changes in the Development known as Waterside in the suburb of Cranebrook

- Shelbourne Court is now known as Shellbourne Place, Cranebrook
- Nightjar Court is now known as Nightjar Street, Cranebrook
- Jaeger Place is now known as Jaeger Street, Cranebrook
- Firetail Court is now known as Firetail Circuit, Cranebrook

For further information please contact Mr ALAN STONEHAM, The General Manager, Penrith City Council, PO Box 60, Penrith NSW 2751, tel.: (02) 4732 7777. [6436]

1128

NEW SOUTH WALES GOVERNMENT GAZETTE No. 44

[6432]

Road Name

Recreation Road.

### **ESTATE NOTICES**

NOTICE of intended distribution of estate. – Estate of MARGARET MARY HARLEY. – Any person having any claim upon the estate of Margaret Mary Harley, late of East Ryde, who died on 1 November 2011, must send particulars of the claim to the legal representative for the estate at care of HPL Lawyers, PO Box 705, Freshwater NSW 2096 within 30 days from publication of this notice. After that time the legal representative intends to distribute the property in the estate having regard only to the claims of which the legal representative had notice at the time of distribution. HPL LAWYERS, PO Box 705, Freshwater NSW 2096, tel.: (02) 9905 9500. [6437]

### **COMPANY NOTICES**

NOTICE of members' voluntary winding up. - BARANOA PTY LIMITED, ACN 000 183 737 (In Liquidation). - Notice is hereby given pursuant to the Corporations Act 2001, that at an extraordinary general meeting of Baranoa Pty Limited (In Liquidation), held on 13 April 2012, the Company's Members resolved to wind up the company voluntarily and to appoint Colin Wilson, Chartered Accountant, of Wilson Porter Services Pty, Chartered Accountants, 154 Elizabeth Street, Sydney NSW 2000, as liquidator of the company. After 21 days from today I will begin distributing the company's Assets. All creditors who have a claim against the company should give me details of their claims by that date, otherwise I will not recognise their claims when I distribute the assets. COLIN WILSON, Chartered Accountant, c.o. Wilson Porter Services Pty, Chartered Accountants, 154 Elizabeth Street, Sydney NSW 2000, tel.: (02) 9283 4333. [6438]

ISSN 0155-6320

Authorised to be printed TONY DUCKMANTON, Government Printer.