Children’s Court Practice Direction No.5 of 2020

**Form CV**

**APPLICATION FOR AN UNOPPOSED BAIL VARIATION ‘ON THE PAPERS’**

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| In the Children’s Court of Victoria at [*venue*] |  | Court Ref: |  |
| Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Legal Rep: Phone Nr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Legal Rep: Phone Nr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Nature of charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**DETAILS OF CURRENT BAIL**

On [date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Magistrate/Judge [name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

fixed bail at [location] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The accused was admitted to bail on [date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ upon signing an undertaking of bail on the following conditions:

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**DETAILS OF UNOPPOSED VARIATION SOUGHT [annex document if appropriate]**

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| **CONSENTS ETC.** | **YES NO** |
| Does the applicant consent to the application proceeding ‘on the papers’? | 🞏 🞏 |
| Does the respondent consent to the application proceeding ‘on the papers’? | 🞏 🞏 |
| Does the respondent oppose the proposed variation of bail? | 🞏 🞏 |

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| |  |  | | --- | --- | | **DOCUMENTS ATTACHED** | **YES NO** | | Copy of charges with any agreed amendments | 🞏 🞏 | | Summary of alleged facts | 🞏 🞏 | | Agreed criminal history (if any) | 🞏 🞏 | | Outline by the applicant of the reasons why variation is sought | 🞏 🞏 | | Consent to variation signed by or on behalf of the respondent | 🞏 🞏 | | Any supporting materials relied on by the applicant | 🞏 🞏 | | Any supporting materials relied on by the respondent | 🞏 🞏 | |  |

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| **URGENCY** | **YES NO** |
| Does the applicant say that this application is urgent? If so, state why:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 🞏 |
| Does the respondent consent to the application being treated as urgent? | 🞏 🞏 |

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| [*Name and signature of child’s legal representative]* |

DATE:

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|  |
| [*Name and signature of Prosecutor]* |

DATE: