APPLICATION TO RELEASE DOCUMENT/MATERIALS

	Court Reference:
Name of Child:	
Gender:	Date of Birth:
Address:	
This is an application t	o release the following document(s):
The grounds for the ap	oplication are [set out grounds]:
This application is made	te hv—
*the child	io by
*a parent of the child	
*the Secretary	
*the principal officer of	an Aboriginal agency
Applicant's name:	
Applicant's email:	
Agency [if applicable]:	
Applicant's [or agency] address:	
Applicant's phone:	
Application to release documer	ut/materials

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Application filed by—		
*Legal Representativ	e	
Name:		
Email:		
Agency/Firm:		
Address:		
Phone:		
*Applicant		
Date:		
Signature:		
Notice to the parties		
To the applicant:	You must come to the hearing of this application.	
To the child:	Unless you are the applicant, you are not required to come to the hearing of this application unless you wish to do so.	
To the non- applicant parent(s):	You should come to the hearing of this application. If you do not attend, the Court may proceed to hear and determine the application in your absence.	
Details of the hearing		
A hearing of this application will be held at the Children's Court as follows:		
Date:	Time:	
Place:		
Issued at [place]:		
Date of issue:		
	Registrar	
*Delete if not applicable		

Application to release document/materials

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