

**CHILDREN'S COURT of WESTERN AUSTRALIA
APPLICATION FOR WITNESS SUMMONS**

*Criminal Procedure Act 2004
Criminal Procedure Regulations 2005 – Form 9*

Court number

Registry

Perth

Case

(Names of all parties)

Applicant

(Name of the party requesting)

Name

Phone

Address

Fax

Request

The applicant requests the court to issue the attached witness summons(es) requiring the witness(es) named below to give or produce evidence on behalf of the above applicant in this matter.

List Of Persons Summoned

See over for additional list of persons summonsed if required

Address

Summons to attend

Summons to produce

Amount of reasonable expenses to be tendered (\$)

Time and place witness(es) are to appear

Date

/ / 20

Time

am pm

Court

Perth Children's Court

Place

160 Pier Street, Perth

Signature of applicant/ lawyer

Date

/ / 20

Result of application

Application granted

Application refused

Reason(s) for refusal

Signature

Prescribed Court Officer

/ / 20

Date

