



# MAGISTRATES COURT *of* TASMANIA

## CORONIAL DIVISION

May 2024

### Request for Consideration of Concerns

This form is for families to submit their concerns for matters that fit within the coronial scope.

Court Reference Number	
Add Court Reference number here if known	

Details of applicant		
Title (Mr, Mrs, Ms, Dr etc)		
Surname *		
Given Name *		
Organisation (if applicable)		
Email or postal address *	<input type="checkbox"/> Email Address <input type="checkbox"/> I do not have an email address enter a postal address	
Contact number		
Relationship to deceased *		

\* Mandatory fields

Details of legal representative (if applicable)	
In completing this section (Legal Representative) all requested documents will be released to the legal representative listed here	
Title (Mr, Mrs, Ms, Dr etc)	
Surname	
Given Name	
Firm/Organisation (if applicable)	

Position held	
Email Address	
Postal Address	
Contact number	

\* Mandatory fields

Details of deceased	
Surname *	
Given Name	
Also known as	
Date of birth (if known) Eg 01/01/1970	
Age (if known) e.g 50 years	
Date of death (if known) Eg 01/01/1970	
Place of death (if known) Eg. Hospital, Suburb or Address	

Details of fire (if applicable)		
Location of fire		
Date of fire (if known) e.g 01/01/1970		
The above date is	<input type="checkbox"/> The exact date	<input type="checkbox"/> An approximate date

Details of concerns	
Provide a detailed description of your concerns *	Insert the detail of reasons
Upload further information.	

Please include relevant information to support your request by attaching to email or including with posted application. If you are a legal representative, please include your authority to act.

\* Mandatory fields

### Confirmation & acknowledgment

#### Confirmation

I confirm all of the information provided in this form and supporting documents, is to the best of my knowledge true and correct.

I confirm that I have contacted the health service/provider (if applicable) to discuss my concerns.

I confirm that I have read the 'Which organisation is most appropriate for your concerns?'

#### Acknowledgment

I acknowledge that my name may be disclosed to the deceased's senior next of kin (if the coroner considers it appropriate to do so), which may be necessary for my application to be processed.

**Signature of Applicant \***

**Date of submission**

...../...../.....

\* Mandatory fields