

FORM 19

WESTERN AUSTRALIA Sentencing Act 1995, s 108(5) APPLICATION FOR RETURN OF PASSPORT
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SUPREME COURT	0
DISTRICT COURT	0
CHILDREN'S COURT	0
MAGISTRATE'S COURT	0
LOCATION: _____	

<i>Offender Details</i>	Name: _____	<i>Date of Birth</i>
	Address: _____ _____	

<i>Date of Order of Surrender of Passport</i>	
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	File/Charge No.	Description
<i>Offence/s</i>		

<i>Request</i>	The above named offender hereby applies for the return of passport surrendered pursuant to the above mentioned order which has now ceased to be in force.
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<i>Applicant's Signature</i>	_____	<i>Date</i>

<i>Order of Court Officer</i>		
	Signature of authorised officer _____	<i>Date</i>

<i>Certificate Directed To</i>	Secretary Department of Foreign Affairs and Trade C/- Fraud & Liaison Officer P.O Box D196 PERTH WA 6000	
	FAX 325 9839	Phone 231 4453

ORIGINAL for court
DUPLICATE to Applicant