

FORM 20

WESTERN AUSTRALIA Sentencing Act 1995, s.s. 111 & 121 APPLICATION FOR REPARATION: * COMPENSATION * ENFORCEMENT OF * RESTITUTION RESTITUTION

SUPREME COURT	0
DISTRICT COURT	0
CHILDREN'S COURT	0
MAGISTRATE'S COURT	0
LOCATION: _____	

Offender Details	Name: _____	Date of Birth
	Address: _____ _____	

Details of Offence/s	File/Charge No.	Offence	Date and nature of Reparation order (if made)

Nature of Application	<input type="radio"/> For Compensation Order (money)
	<input type="radio"/> For Restitution Order (property)
	<input type="radio"/> To enforce a Restitution Order under section 121

Details of Applicant	<input type="checkbox"/> Victim	<input type="checkbox"/> Prosecutor	Date Received
	NAME OF APPLICANT		
	SIGNATURE _____		

*Details of Third Party (if any)	NAME:
	ADDRESS:

Hearing of Application	TIME	AM/PM	DATE	
	COURT	_____		
	(ADDRESS OF COURT)			

Issuing Officer	Judicial/Officer/s, CPS, Court Officer	Date

Appearances of Parties	
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Order of Court	<input type="radio"/> Service Proved	Judicial Officer/s	Date
	<input type="radio"/> Granted (state details) _____		
	<input type="radio"/> Dismissed		
	Signed		

*** If a third party is required to attend, a form 22 must be issued.**

ATTACH COPIES OF ORIGINAL COMPLAINTS

ORIGINAL to Court
 DUPLICATE to Offender
 TRIPLICATE to Prosecutor

QUADRUPPLICATE to Applicant
 5TH COPY for Endorsement of Service

