## OTHER APPLICATION COURT OF CRIMINAL APPEAL

CCA Form 12 (version 1) SC (CCA) Rule 3.15

[Note: This Form is not for applications seeking leave, witness orders, or guideline judgments]

COURT REFERENCE NUMBER(S)		
Court reference number(s)	[Include all Justicelink and proceeding numbers for each offence appealed]	
PARTIES		
Applicant		
Respondent		
Applicant / Respondent date of birth [delete whichever inapplicable]	1 1	
Applicant / Respondent MIN [delete whichever inapplicable]		
4	APPLICATION	
[Include legislative provision(s) under which the app should be attached.]	olication is brought. Submissions in support and any Affidavit evidence	
Details of application		
	CONSENT	
Is this application by consent?	[] YES [attach consent orders signed by all parties]	
	[] NO [attach orders sought]	
	[] UNKNOWN [attach orders sought]	
CUSTODY		
Is the Applicant / Respondent in custody? [delete whichever inapplicable]	[] YES – Gaol:	
Caste ay : [asiste milaneter mappineasie]	[If on bail specify when and where bail was granted]	
LEGAL REPRESENTATION		
Does the Applicant have legal representation for this application?	[ ] YES [complete legal representative details below]	
	[] NO – I am representing myself	
	Postal and email address [only required if not in custody]	
Legal representative:		
Name of firm		
Contact name		
Case reference no.		
Address		
Email address		
Phone		

Counsel briefed:		
Name of Counsel		
Chambers		
Address		
Email address		
Phone		
RESPONDENT  [Does not need to be completed where the Respondent is the Director of Public Prosecutions]  [This Notice of Appeal must be served on all Respondents: SC (CCA) Rules 2.5 - 2.10 and 3.7(1)(a).]  [The Court will arrange service on the Crown where the Appellant is not represented by an Australian legal practitioner: SC (CCA) Rules 2.6.]		
Is the Respondent legally represented?	[] YES [] NO [] UNKNOWN	
If yes, details of Respondent's legal representative (or last known legal representative)		
Name of firm		
Contact name		
Case reference no.		
Address		
Email address		
Phone		
SIGNATURE		
Signature of legal representative (or Applicant if the Applicant has no legal representative)		
Name		
Capacity [e.g., Appellant's legal representative]		
Date of signing		
REGISTRY DETAILS		
Street address	Supreme Court of New So Court of Criminal Appeal Law Courts Building Queen's Square Level 5, 184 Phillip Street Sydney NSW 2000	uth Wales
Postal address	GPO Box 3 Sydney NSW 2001	
DX address	DX 829 SYDNEY	

Filing email address	sc.emailfiling@justice.nsw.gov.au; and cca@justice.nsw.gov.au
	[Note: if this Form is filed by email then the legal representative of the applicant undertakes to deliver to the Registry the original and three hard copies within 24 hours of the email filing (Practice Note No. SC CCA 1)]
Phone	1300 679 272