Charging Document

s 14 Criminal Procedure Act 2011

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| --- | --- | --- |
|  | CRN: |   |
|  |
| Filed in the District Court at Choose an item.  | on: |        |
| Defendant |
| Name:\* | [Full name of person or organisation] | PRN: |   |
|  |
| Address: |       | Gender:\* |  |
|  |  | Date of birth:\* |       |
|  |  | Driver licence no: |       |
|  |  | Occupation: |       |
| Offence details |
| I, [person commencing proceeding\*], [title] of [prosecuting organisation, if applicable\*], have good cause to suspect that [name of defendant\*] has committed the offence specified below. |
| Date of offence:\* |  |       | and |       |
| Offence location:\* | at       |
| **Offence description:** **\***  |
| Legislative reference:\*  |       |
| State the full legislative reference, including year and relevant section(s) of the Act |
| Maximum penalty:\* | [state maximum penalty for this offence] |
| Offence category:\* |  | Representative charge:\* |  | **Alternative charge:**\* |  |
| Select Yes if the offence description is worded as a representative or alternative charge.**Register Charge:**      Child Protection (Child Sex Offender Government Agency Registration) Act 2016 |
| First appearance hearing |
| Date: | [Day]       | Time: |       |
| Court: |       |
| Prosecutor details |
| Prosecutor:\* |       |  |  |
| Address for service:\* | [Address]Email:      Phone:       | Signed:\* |  |
|  |
| Important: All fields marked \* are mandatory. Please ensure all details are entered correctly, sign this document, and present it to the District Court to file the charge. |