

PLEASE DO NOT SUBMIT UNTIL NEW TRIAL HAS OCCURRED.

Section 16 Application Form				
Court	e.g. Magistrates			
Court Reference Number				
Solicitor Firm				
Solicitor Name				
Judicial Officer				
Location of Hearing	e.g. Melbourne			
Prosecuting Authority				
Is this matter a Work Cover Claim?	Yes/No			
Hearing Type	e.g. Committal			
Defendant				
VLA yes/no	Ref #			
DISCONTINUED TRIAL				
Certificate Date(s)	/ /			
Type and Name of Representation	QC		Amount	
	Barrister			
	Solicitor			
Other costs	Accommodation			
	Travel			
	Witness			
	Other			
Further Days				
Other costs				
NEW TRIAL				
Type and Name of Representation	QC		Amount	
	Barrister			
	Solicitor			
SIGNED	ACB Use Only			
	Date Rec'd			
	ACB #			
	Ready for Board			
	Agenda #/date			

***THE ACB WILL NOT MAKE ANY PAYMENTS UNTIL BOTH THE DISCONTINUED TRIAL AND THE NEW TRIAL HAVE TAKEN PLACE.**

Check List - Please include with this application the following:

- Court Issued Certificate
- Evidence of Costs for both trials- (Back Sheets, Fee Slips, Invoices, or VLA Claim for Lump Sum Fees)