**Application to appear by Audio Visual Link (AVL) for first appearance proceedings in the Children’s Court on a weekday**

**Name of Police Station**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Police contact name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Distance from Court House**: \_\_\_\_\_\_\_\_\_\_\_km **Police phone no:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Distance from Detention Centre:**  \_\_\_\_\_\_\_\_\_\_\_km

**Estimated time to Detention Centre**:\_\_\_\_\_hr\_\_\_\_\_min **Time application made**: \_\_\_\_\_\_\_\_ am/pm

**Court Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Court Date**: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / 20\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Young Person** | **Time charged** | **Age of Young Person** | **Aboriginal or Torres Strait Islander: Yes / No**  | **Has parent / guardian been contacted:** **Yes / No** | **Does the parent/guardian wish to attend court by phone?****If yes please provide phone no.**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Application is made under s5BA(4) of the *Evidence (Audio and Audio Visual Links) Act 1998* for a direction that the young persons listed above appear by AVL in physical appearance proceedings having regard to

1. the safety and welfare of the young persons because of the risks associated with transporting the accused detainees to the court room during the COVID-19 pandemic. (see s5BA(6)(f)) or
2. Other factors as referred to in s5BA(6) of the *Evidence (Audio and Audio Visual Links) Act 1998* or Rule 32A of the *Children’s Court Rule 2000* as follows: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Subject to the defendant having an opportunity to make submissions on this issue

Application Granted / Refused

***Judicial Officer:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Date****: \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_/ 20\_\_\_\_\_\_\_*