

Application Form for Assistance Independent Commission Against Corruption

Title (Miss, Mrs, Mr etc)	
Given Name/s	
Surname	
Previous Name/s	
Date of Birth	
Home address	
Suburb & Postcode	
Postal address (if different from the above)	
Suburb & Postcode	
Home telephone number	
Business telephone number	
Mobile telephone number	
Email address	
Do you require an Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which language?	
Occupation	
Employer	

Information contained on this form may be forwarded to the Secretary of the Department of Communities and Justice and the Attorney General for the determination of your application.

Have you received any of the following from the Independent Commission Against Corruption?

A Notice to Make a Statement of Information?
(Section 21 Notice)
If so, please specify the date for compliance

A Notice to Produce Documents or Things?
(Section 22 Notice)
If so, please specify the date for compliance

A Summons to Appear Before the Independent Commission Against Corruption?
If so, please specify the date for compliance

Will compliance with the Notice or Summons result in hardship for you? If so, please provide details.

Please briefly state the significance of the evidence you will be likely to give.

Please describe any other matter relating to your evidence which you believe may be in the public interest

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Do you present have your own Solicitor and / or Barrister? If so, please specify their name and address.

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Are you or have you ever been employed by the NSW Public Service?

- Yes, currently employed**
- Yes, previously employed**
- No, never employed**

If you answered yes to the above, please state the following:

Current NSW Public Service Position and name of employer (if applicable)	
Last NSW Public Service position and name of employer (if applicable)	
Date you left the Public Service (if applicable)	

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Consent to the handling of personal information:

Collection of personal information is in accordance with the Department of Communities and Justice Privacy Policy: <https://www.dcj.nsw.gov.au/statements/privacy/privacy-policy.html>

I consent to the Department:

1. collecting the information contained in this form for the purposes of determining the application and the administration of applications under section 52 of the *Independent Commission Against Corruption Act 1998*; and
2. notifying the Independent Commission Against Corruption that an application has been made under section 52 of the *Independent Commission Against Corruption Act 1998* and obtaining relevant information from the Independent Commission Against Corruption in respect of the application.

Signature	
Date	

Condition of approval:

It is a condition of the grant of assistance that if you are convicted of an indictable offence (other than an offence that was tried summarily) as a result of the investigation or inquiry, you are required to immediately repay to the Attorney General, in full, the total amount paid to you or on your behalf for your legal representation (including interest on any such an amount calculated from the date of the advance at the rate of interest prescribed under the Uniform Civil Procedure Rules in relation to judgment debt).

The requirement to immediately repay the Attorney General will have effect if:

- a) you have not lodged an appeal against the conviction within the prescribed period, or
- b) the conviction has not been quashed on the determination of an appeal or appeals lodged within the prescribed period, or
- c) such an appeal has been lodged within the prescribed period but has been withdrawn, or has lapsed, without being determined, and no other appeal lodged within the prescribed period is pending.

I have read and understood the above condition of approval and agree to be bound by the condition.

Signature	
Date	

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CURRENT INCOME FROM ALL SOURCES (BEFORE TAX)

Give the weekly amount averaged over the last twelve months. This will include salary, commissions, dividends, interest, rents received, pensions, annuities, maintenance, drawings from partnership, company or trust and any other income.	Source	Amount	Total
		\$	
Any other monies received in the last twelve months			
Total income			\$

DEPENDENTS

Number of Dependents	
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EXPENSES (AVERAGE WEEKLY)

Income tax			
Superannuation			
Food and household			
Accommodation (board, rent, mortgage, rates)			
Interest payments			
Motor Vehicle			
Utilities (gas, telephone, electricity)			
Any other regular expenses			
Total expenses		\$	
Net income.			\$

ASSETS

	Source	Amount	Total
Real Estate (please provide address)			
Credit in banks / financial institutions (please provide name of bank etc.)			
Motor vehicles (please provide description)			
Shares			
Interest in business partnership			
Furniture (household effects)			
Personal property (artwork, jewellery, boats etc.)			

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All other property			
Total Assets			\$
LIABILITIES			
Mortgages (please provide security address)			
Overdraft (name of bank etc.)			
Credit Card (please provide name of lender)			
Loans (please provide name of lender)			
Hire purchases / Leases (please provide name of lender)			
Any other debt outstanding (please provide details)			
Total liabilities		\$	
NET ASSETS			\$

Signature:	
Date:	