

APPENDIX E

DOLI INCAPAX INFORMATION FORM

Pursuant to Practice Direction 26.36

YOUTH DETAILS	
Name:	DOB:
Case Number/s:	
Information required	Response
Has the Brief material been disclosed?	Yes / No <input type="checkbox"/> Evidence of capacity <input type="checkbox"/> Evidence of conduct
Which burden of proof applies?	<input type="checkbox"/> S38 <input type="checkbox"/> S43AQ
Which charges are in dispute?	
Is the statement of alleged facts agreed for the purpose of determination of Doli Incapax?	
Are there any co-offenders and should the hearings be joined?	
Does the young person intend to call witnesses?	
Does the young person intend to call expert witnesses? Has any expert report been served? If not, when will it be served?	
Are there any issues to be resolved on a Voir Dire?	
Will s18 of the Evidence Act affect the compellability of any witnesses (e.g. parents)?	
Are there any vulnerable witnesses or special arrangements required?	
Will interpreters be required?	

Will video-conferencing be required?	
Is there an EROI that is intended to be played? How long? Is there any CCTV or body worn footage to be played? How long?	
Are you aware of any matters that may affect the smooth running of the hearing? If "yes" please give details (e.g., witness current location unknown, illness, expert availability)	
What is the estimated length of proceedings in hours/days?	

WITNESS ADVICE

Prosecution Witness	Witness required for cross examination	If witness is not required for cross examination is the tender of the statement consented to?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Prosecution Counsel	Defence Counsel	
NAME: SIGNATURE: Date:	NAME: SIGNATURE: Date	