

## FORM 6

WESTERN AUSTRALIA <b>Sentencing Act 1995, s 37</b>  <b>APPLICATION FOR CORRECTION OF SENTENCE</b>
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SUPREME COURT	0
DISTRICT COURT	0
CHILDREN'S COURT	0
MAGISTRATE'S COURT	0
LOCATION: _____	

<b>Offender Details</b>	Name: _____	<b>Date of Birth</b>
	Address: _____ _____	

<b>Date of Sentence</b>	
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Offence/s	File/Charge No.	Description

<b>Reason For Application</b>	

<b>Lodged By</b>	<input type="checkbox"/> Offender	<input type="checkbox"/> Prosecutor
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<b>Name and Signature</b>	Applicant's Full Name _____	<b>Date Received</b>
	Applicant's Phone No. _____ Signature _____	

<b>Hearing of Application</b>	Time	AM/PM	Date	
	Court			
	(Address of Court)			

<b>Signed by</b>	Judicial / Court Officer, Clerk of Arraigns	<b>Date</b>
	_____	

<b>Order of Court</b>	<input type="checkbox"/> Service Proved		
	<input type="checkbox"/> Granted *	<input type="checkbox"/> Refused	
	* Details of amended penalty endorsed on original complaint/s		
	<b>Signed</b>	<b>Judicial Officer</b>	<b>Date</b>
	_____		

**Attach copies of original complaints**

ORIGINAL to Court

DUPLICATE to Offender

TRIPLICATE to Prosecutor

QUADRUPPLICATE for return to court with service details

WESTERN AUSTRALIA  
**Sentencing Act 1995, s 37**  
**SUMMONS TO ATTEND**  
**APPLICATION FOR**  
**CORRECTION OF SENTENCE**

SUPREME COURT	O
DISTRICT COURT	O
CHILDREN'S COURT	O
MAGISTRATE'S COURT	O
LOCATION: _____	

<b>Offender Details</b>	Name: _____	<b>Date of Birth</b>
	Address: _____ _____	

<b>Date of Sentence</b>	_____
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	File/Charge No.	Description
<b>Offence/s</b>		

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	Court			
	(Address of Court)			

<b>Signed by</b>	Judicial / Court Officer, Clerk of Arraigns	<b>Date</b>
	_____	

**Notice to the Offender** You are required to appear personally at a hearing at the date and time and place stated. If you do not appear a warrant may be issued for your arrest.

<b>Service Details</b>	Date of Service	
	Place of Service	
	Person Served on	
	Method of Service	
	Name of person who performed service	Signature
	_____	_____