STATUTORY DECLARATION BY A REPRESENTATIVE OF A VICTIM REGISTERED UNDER THE Mental Health and Cognitive Impairment Forensic Provisions Act 2020

l,				, do	o solemnly declare that:		
1.		[Full Name of Declarant] Whenever I represent a registered victim (or victims) at a hearing of the NSW Mental Health Review Tribunal (the Tribunal) I will keep confidential information I have obtained from:					
		, ,					
		However, I may communicate this information to the Specialist Victims' Support Service or the registered victim(s) that I am representing.					
2.	I understand that to publish or broadcast the name or identifying information about a person appearing before the Tribunal may be an offence under section 162 of the <i>Mental Health Act 2007</i> .						
3.	I understand that publishing any information contained in the Victims' Register may be an offence under clause 27 of the <i>Mental Health and Cognitive Impairment Forensic Provisions Regulation 2021</i> .						
I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1900</i> .							
Declare	ed at		[Place]	on	[Date]		
Signature - Declarant In the presence of an authorised witness, who states:							
6	J. C.J.C.	nee or an authorised w	incos, inio states.				
l, certify the following matters conce			erning the making of t	a this statutory de	[Witness Qualification] eclaration by the person who made it	, t:	
I saw the face of the person OR I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and							
I have known the person for at least 12 months OR I have confirmed the person's identity using an identification document and the document I relied on was							
					[in signed]		
	Date						
Signature – Authorised Witness							