

MAGISTRATES COURT of WESTERN AUSTRALIA  
**APPLICATION FOR DISEASE TEST ORDER**

*Mandatory Testing (Infectious Diseases) Act 2014  
 Part 3, Division 2 – Disease Test Orders  
 Form 53D*

Court number

Magistrates Court at

Date lodged

<b>Public Officer</b>	Name	
	Address	

<b>Details of Suspected Transferor</b> <i>(a Protected Person)</i>	Name	
	Address	

<b>Details of Protected Person's incapability</b>	
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<b>Details of Third Party</b> <i>(the Responsible Person)</i>	Name	
	Address	

<b>Type of Application</b>	<input type="checkbox"/> Section 16 - New order	<input type="checkbox"/> Section 19(4) - Vary or Revoke order
	(Annex Copy of Existing Order)	
<b>Applicant to Vary or Revoke:</b> <input type="checkbox"/> Public Officer <input type="checkbox"/> Third Party		

<b>Grounds for Application</b>	
<b>Supporting Affidavit must be lodged with application</b>	<i>(attach separate page if insufficient space)</i>

<b>Signature of applicant or lawyer</b>	Applicant / Applicant's lawyer	<b>Date</b>	
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**HEARING DETAILS****This application will be heard on:**

<b>Date</b>		<b>Time</b>	
<b>Place</b>			

<b>Service details for new order (s16) applications</b>	On _____, I served a copy of this application personally on the third party named above. Place of Service: Name of server: Address of server: Signature: _____ Date: _____
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