MAGISTRATES COURT of WESTERN AUSTRALIA

APPLICATION FOR WITNESS SUMMONS

Criminal Procedure Act 2004
Criminal Procedure Regulations 2005 – Form 9

Court number	
Magistrates Court at	

Case *(Names of all parties)*	

Applicant *(Name of the party requesting)*	Name		Telephone no	
	Address		Facsimile no	

Request	The applicant requests the court to issue the attached witness summons(es) requiring the witness(es) named below to give or produce evidence on behalf of the above applicant in this matter.			
Full name of witness(es)	**Full name**	**Address**	**Summons to attend**	**Summons to produce**
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	(if insufficient space attach further pages)			
Signature of applicant or lawyer	Applicant/ applicant's lawyer	Date		

Result of application	☐ Application granted ☐ Application refused
Reasons for refusal	

Signature		
	Prescribed Court Officer	Date