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| |  |  | | --- | --- | | Approved form no.: 13, version 1.00, 02/2017  Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au) | Proceeding number: | | | | | |
| **Section 1 - Details of offence(s), including summary offences** | | | | |
| Name of person: | | | | |
| **Number** | **Offence** | **Date of offence** (DD/MM/YYYY) | **Court** | **Court file number /  indictment number** |
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