FORM 1

INFORMATION FOR ALLOCATION OF TRIAL DATES – SUPREME COURT CRIMINAL JURISDICTION

Name of defendant:			
Indictment number (or specify count 1):			
Party/parties completing this form:			
Prosecution, name of firm, instructing solicitor and contact details.			
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Defendant, name of firm, instructing solicitor and contact details.			
Counsel has been briefed.			
Name and contact details of Counsel, specify party represented and any dates that are unsuitable for Counsel:			
Prosecution			
Defence			

	Pre-trial applications will NOT be made.			
		Pre-trial applications WILL be made. Pre-trial issue (if multiple defendants, please also specify which defendant(s) seeks a pre-trial application)		
		Admissibility of evidence		
		Admissibility of record of interview		
		Application of separate trial		
		Basha inquiry		
		Other (please specify)		
	There are NO restrictions on the availability of witnesses.			
	There are restrictions on the availability of witnesses (please specify).			
Esti	Estimate of the length of trial:			
Day(s)				
We	Week(s)			
	Consideration has been given to a reference to the Mental Health Court.			
	The Defendant does NOT intend adducing expert evidence.			
	The	Defendant intends adducing expert evidence.		
		Obligations under s 590B have been satisfied.		
		Obligations under s 590B will be satisfied by:		
	Spe	pecial equipment is NOT required for the trial.		
	Spe	Special equipment is required for the trial (please specify).		

An application will NOT be made for the Court to appoint an interpreter.
An application will be made for the Court to appoint an interpreter.
What steps remain to be taken in the preparation for trial (e.g. transcription of tapes etc):
Other relevant matters:
Name of person completing this form:
Name of person completing this form.