

# COURT REFERRAL TO MEDICAL PANELS

Pursuant to Section 274

Workplace Injury Rehabilitation and Compensation Act 2013

This form is available in digital format at [www.medicalpanels.vic.gov.au](http://www.medicalpanels.vic.gov.au)

## 1. COURT DETAILS

Court:		Court location:	
Magistrate/Judge:			
Case No:		Email:	
Telephone:			

## 2. WORKER DETAILS (Plaintiff)

Given Name:		Middle Name:	
Surname:			
Postal Address:			
Telephone Home:		Mobile Phone:	
Email Address:			
Date of Birth:		Gender:	
Interpreter Required:		Language / Dialect:	
Has the Plaintiff been to Medical Panels before?		Does the Plaintiff have a Litigation Guardian?:	

## 3. WORKER LEGAL REPRESENTATIVE

Name:			
Organisation:			
Address:			
Telephone:			
Email Address:		Reference No:	

#### 4. DEFENDANT DETAILS

Name/ Organisation:			
Address:			
Contact Person:		Telephone No:	

Note: Where there are multiple defendants, this page must be completed for each defendant.

#### 5. DEFENDANT LEGAL REPRESENTATIVE DETAIL

Name:			
Organisation:			
Address:			
Telephone:			
Email Address:			
Reference No:			

#### 6. AGENT or SELF INSURER DETAIL

Name:		Title:	
Organisation:			
Address:			
Telephone:			
Email Address:			
Claim No:			
Relevant Section of the Act			

#### 7. INJURIES TO BE ASSESSED

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#### Completed Forms and Court Documents should be submitted to:

Convenor of Medical Panels  
Level 6  
485 La Trobe St  
Melbourne Vic 3000

For further information please contact the  
Medical Panels office on:  
Tel: (03) 8256-1555

Note: Please ensure all documents are provided in the order as outlined in the Schedule of Attachments.