**IN THE LOCAL COURT**

**OF NEW SOUTH WALES**

**AT**

**CASE NUMBER**

# Application for a mandatory testing order

Section 14 Mandatory Disease Testing Act 2021

Date of application

Date filed

**Notice of listing**

This application is listed at:

Place        
Time and date        
Signature of Registrar

[NOTE: This application is to be listed within 5 business days of filing and not more than 10 business days in instances where the Court is not sitting within 5 business days]

**Applicant**

Given name        
Family name        
Position        
Organisation         
Address        
Postal address

**Worker**

Given name        
Family name        
Position        
Organisation         
Address

**Details of worker’s medical practitioner**

Name        
Name of medical practice        
Address        
Telephone         
Email address

**Respondent**

Given name        
Family name        
Address        
Date of birth         
Current age

[NOTE: An application for a mandatory testing order may not be made if the third party is under the age of 14 years (section 8(2) of the Mandatory Disease Testing Act 2021)]

**Respondent’s Guardian (if applicable)**

Given name        
Family name        
Address      

**Application details**

Is a copy of the worker’s application for a mandatory testing order attached?

Yes

No

**Order sought**

Mandatory Testing Order for a vulnerable third party for blood-borne disease/s.

**B**l**ood-borne disease/s to be tested:**

Hepatitis B

Hepatitis C

HIV infection

Other [please specify]

**Person authorised by the Health Secretary to take blood from the person:**

Name of pathology provider        
Address        
Telephone         
Email address

**Other relevant information**

The respondent and their guardian/s (if applicable) have been given the opportunity to make submissions.

The submissions have been considered.

**Grounds of application**

[Why is the applicant satisfied that the testing of the third party’s blood for blood-borne diseases is justified in all the circumstances]



**Signature**

Signature        
Name        
Capacity        
Date

Costs incurred under this Act in relation to an application for a mandatory testing order or the carrying out of a mandatory testing order are payable by the funding provider for the worker concerned, including the following—

(a) the cost to the worker of the consultation with a relevant medical practitioner under section 9,

(b) the reasonable travel costs and expenses incurred by the worker in attending the consultation,

(c) the cost to the third party of complying with the order,

(d) the reasonable travel costs and expenses incurred by the third party in complying with the order,

(e) the cost of testing a third party’s blood for blood-borne diseases in a pathology laboratory accredited by the National Association of Testing Authorities,

(f) other costs prescribed by the regulations.

**Statement of service**

[NOTE: A copy of the application is to be provided to the worker and the Chief Health Officer in accordance with section 14(3) of the Mandatory Disease Testing Act 2021. The respondent and their guardian are to be served personally in accordance with the Local Court Rules 2009.  
  **The Respondent:**I (name)       of (occupation)       did serve a copy of this application on   
(name)       on (date)       at (location)       by:

delivering a copy personally to the person

Signature        
Name

Witness signature        
Name

**The Respondent’s guardian (if applicable):**I (name)       of (occupation)       did serve a copy of this application on   
(name)       on (date)       at (location)       by:

delivering a copy personally to the person

Signature        
Name

Witness signature        
Name