

- | No. | Name of 'affected child' | Reasons witness is considered an 'affected child' |
|-----|--------------------------|---|
| | | |

Name of person making the representation	Reason person is unavailable to give evidence	Name of person who saw heard or perceived the representation	Details of representation and the circumstances in which it was made

No.	Name	Role	Statement attached Y/N	Number of pages

Signatures: _____ (Person receiving items) _____ (Date)

_____ (Prosecutions) _____ (Date)