Statutory Declaration by a representative of a victim registered under the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020*

I, ..., do solemnly and sincerely declare that

[name of declarant]

1. Whenever I represent a registered victim(s) at a hearing of the Mental Health Review Tribunal NSW, I will keep confidential:

    a. Information that I have obtained from the Victims Register, including the particulars of the Tribunal's reasons; and

    b. Information that I have obtained through listening to and/or watching Tribunal hearings.

   However, I may communicate this information to the Specialist Victims Support Service or the registered victim(s) that I am representing.

2. I understand that to publish or broadcast the name or identifying information about a person appearing before the Tribunal may be an offence under section 162 of the *Mental Health Act 2007*.

3. I understand that publishing any information contained in the Victims Register may be an offence under clause 27 of the *Mental Health and Cognitive Impairment Forensic Provisions Regulations 2021*.

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: .... on ....

[place]   *[date]*

....

[signature of declarant]

in the presence of an authorised witness, who states:

I, ... , a .... ,

[name of authorised witness]   *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: *[* please cross out any text that does not apply]*

1. *I saw the face of the person *OR* *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and

2. *I have known the person for at least 12 months *OR* *I have confirmed the person's identity using an identification document and the document I relied on was ….………....……….………….………….

[signature of authorised witness]   *[date]*