

IN THE HIGH COURT OF AUSTRALIA  
MELBOURNE REGISTRY

No of 2007

**B E T W E E N**

**VICKIE LEE ROACH**

Plaintiff

and

**IAN CAMPBELL, AUSTRALIAN ELECTORAL  
COMMISSIONER**

First Defendant

and

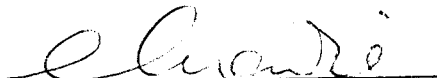
**THE COMMONWEALTH OF AUSTRALIA**

Second Defendant

**EXHIBIT TO THE AFFIDAVIT OF VICKIE LEE ROACH  
AFFIRMED ON 5 MARCH 2007**

This is the exhibit marked VRL-1' produced and shown to VICKIE LEE ROACH at the time of affirming her affidavit this 5th day of March 2007.

Before me:



**EMILY ELIZABETH HOWIE**  
of 530 Collins Street, Melbourne  
Victoria 3000  
An Australian Legal Practitioner  
within the meaning of the  
Legal Profession Act 2004

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Date of document: 5 March 2007  
Filed on behalf of: the Plaintiff

**Human Rights Law Resource Centre Ltd**  
Level 1  
550 Lonsdale Street  
Melbourne VIC 3000

DX 38227 Flagstaff  
Tel (03) 9225 6695  
Fax (03) 9225 6686  
Ref  
Contact Name: Philip Lynch

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# APPLICATION FOR ENROLMENT BY A PRISONER

- Before completing this form, please read the Information sheet provided
- Use BLOCK LETTERS and BLUE or BLACK ink
- Note: Giving false or misleading information is a serious offence

**1** Title (Mr, Ms, Mrs, etc.)

Family name

Given names

**2** I am applying to enrol:  
(Please select the first statement that applies to you and show the relevant address at question 3 below)

A  where I was last entitled to be enrolled

B  where one of my next of kin is currently enrolled, as I have not previously been entitled to enrolment  
Full name of next of kin

C  where I was born, as neither A nor B applies

D  where I have the closest connection, as none of the above statements apply

**3** The residential address for which you are claiming enrolment

Postcode

**4** Gender M = Male F = Female  F

**5** Date of birth

**6** Place of birth

Town   
Country

**7** Details of your citizenship Australian citizen by birth  Australian citizen by grant (naturalisation)

Date of grant (DAY/MONTH/YEAR)   
Citizenship number

British subject enrolled on 25 January 1984   
Other   
(please provide details)

**8** Postal address

Postcode

**9** If you have changed your name since your last enrolment

Previous family name   
Previous given names

**10** DECLARATION BY APPLICANT

I am entitled to be on the Commonwealth electoral roll.  
All the information I have given on this form is true and complete.

Signature or mark of applicant   
Date

**11** DECLARATION BY WITNESS

I am entitled to be on the Commonwealth electoral roll.  
I saw the applicant sign this form.  
I am satisfied that all statements in the form are true.

Signature of witness

Name and address of witness (BLOCK LETTERS)

The authority to collect information on this form is contained in the Commonwealth Electoral Act 1918.

| OFFICE USE ONLY |          |     |     |      |
|-----------------|----------|-----|-----|------|
| Date Received   |          |     |     |      |
| NIN             | Notation | Ack | RVI | Cats |
|                 |          | N   | F   | C    |