

## ***Workers Compensation and Injury Management Act 2023***

### **APPROVED FORM [s. 496]**

#### **Custody Imprisonment Notice**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for the written confirmation referred to in sections 66(3) and (5) of the Act, and regulation 30(2) of the *Workers Compensation and Injury Management Regulations 2024* is **Custody Imprisonment Notice** in Appendix 1.

The **Custody Imprisonment Notice** in Appendix 1 is effective 1 July 2025 and registered as WorkCover WA Approved Form CN6 – v2 [D2025/29446].

The **Custody Imprisonment Notice** in Appendix 1 replaces WorkCover WA Approved Form CN6 – v1 [D2024/36861] approved on 26 March 2024 and effective from 1 July 2024.



CHRIS WHITE  
CHIEF EXECUTIVE OFFICER

9 May 2025

*Workers Compensation and Injury Management Act 2023*

**CUSTODY OR IMPRISONMENT NOTICE**

**PART 1**

To be completed by the relevant insurer and provided to WorkCover WA.

**Worker**

Name: .....

Address: .....

Date of birth: .....

**Employer**

Name: .....

Address: .....

ABN: .....

**Insurer**

Insurer: .....

Insurer claim number: .....

**Note:** To assist WorkCover WA in this request please ensure the liability decision notice accepting the worker's claim and any other relevant information is attached to this notice when providing it to WorkCover WA.

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**CONFIRMATION OF CUSTODY OR IMPRISONMENT**

The *Workers Compensation and Injury Management Act 2023* (the Act) requires payment of income compensation **must** be suspended for the period a worker is in custody or otherwise serving a term of imprisonment, and that the Chief Executive Officer (Prisons) or Registrar of the Mental Impairment Review Tribunal **must** provide written confirmation of the worker's custody or imprisonment status in the manner required by this form.

WorkCover WA administers the Act and as the workers compensation scheme regulator confirms the worker named in this notice is receiving income compensation. WorkCover WA requires you to confirm the worker is in custody or serving a term of imprisonment by completing Part 2 of this notice and returning the notice to WorkCover WA via the email address below.

## APPENDIX 1

WorkCover WA CEO:

Signature: .....

Date: .....

Return email address: records@workcover.wa.gov.au .....

## PART 2

To be completed by the relevant Authority and provided to the WorkCover WA CEO via the return email address noted above.

### Confirmation by Authority

Authority: ☐ CEO Prisons ☐ Registrar MIARB/Registrar MIRT

Worker: .....

In custody: ☐ Yes ☐ No

Sentence or status: .....

Relevant law: .....

Location: .....

Date worker taken into custody .....

Serving term of imprisonment ☐ Yes ☐ No

If unable to confirm, please provide reasons:

Signed: .....

Date: .....

Name: .....

Phone: .....

Email: .....