GOVERNMENT OF WESTERN AUSTRALIA
WorkCoverWA

2 Bedbrook Place
Shenton Park
Western Australia 6008

Advice and Assistance **1300 794 744**
Switchboard **9388 5555**
workcover.wa.gov.au

Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Custody or 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 or Imprisonment Notice** in Appendix 1.

The **Custody or Imprisonment Notice** in Appendix 1 is effective 1 July 2025 and registered as WorkCover WA Approved Form CN6 – v3 [D2025/189450].

The **Custody or 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
- WorkCover WA Approved Form CN6 – v2 [D2024/29446] approved on 9 May 2025 and effective from 1 July 2025.

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

27 June 2025

Workers Compensation and Injury Management Act 2023

CUSTODY OR IMPRISONMENT NOTICE

PART 1

To be completed by the employer and/ or the employer's insurer and provided to the CEO Prisons or authorised officer.

Worker

Name: .....

Address: .....

Date of birth: .....

Employer

Name: .....

Address: .....

ABN: .....

Nominated contact person: .....

Email: .....

Insurer

Insurer: .....

Insurer claim number:

Date worker's income compensation commenced: .....

Note: Please ensure the liability decision notice issued by the insurer or self-insurer is attached with this notice as evidence of a compensable claim and the connection between the worker, employer and insurer.

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. Regulations require the confirmation to be given to the worker's employer.

Before payments of income compensation can be suspended the employer named in this notice 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 the employer's nominated contact and email address above.

PART 2

To be completed by the CEO Prisons or authorised officer and provided to the worker's employer via the employer's nominated contact and return email address noted above.

Confirmation by Authority

Authority:	☐ CEO Prisons
Worker:	.....
Is or was the worker in custody[1]:	☐ Yes ☐ No
	.....
If yes, date the worker was taken into custody:	.....
Is the worker still in custody:	☐ Yes ☐ No
	.....
If no, date of release:	.....

If unable to confirm, please provide reasons:

.....

Signed: .....

Date: .....

Name: .....

Phone: .....

Email: .....

1. This is referring to any period that the worker was receiving income compensation. Refer to date worker's income compensation commenced under 'Insurer details'.