



NSW POLICE SERVICE

LOWER HUNTER LOCAL AREA COMMAND

CRIMINAL INVESTIGATIONS

MAITLAND POLICE STATION

Caroline Place
Maitland 2320

Tel: 049 340200 / 70200
Fax: 049 340311 / 70311

Our ref:

Your ref:

Centre Link

11 October 1999

Dear Sir/Madam

ADDRESS OF DENNIS McALINDEN, POSSIBLY WESTERN AUSTRALIA

On the 8 October 1999, *AE* made a statement to maitland Police outlining a number of sexual assaults committed upon her by Dennis McALINDEN during 1953-4. At the time of these offences, *AE* was 11 years old.

Dennis McALINDEN is now classed as a suspect in this investigation and his current address is not known.

Could Centre Link please check their records to see if Dennis McALINDEN is in receipt of any pension or other benefit, so as his current address may be located.

M.J. Watters
Detective Senior Constable

1. Duty officer *M. Watters* Insp. 11-10-99

NSWPF(T2) Cat 10,11,12b,13 NSWPF1

NSW POLICE SERVICE
Information & Intelligence Centre
FIELD SERVICES

Telephone: (02) 9384 6400 Eagle: 46400
Facsimile: (02) 9384 6451 Eagle: 46451

FS/9A
Reference No:



CENTRE LINK REQUEST MEDICARE REQUEST AUST TAXATION OFFICE

Address Bank Account Details Other (Please specify)

Name: Denis McALINDEN Alias: Date of Birth: 24.1.23

Last Known Address: 20 Cambridge Drive Garden Suburb

REASON FOR REQUEST & OFFENCE CATEGORY (Offence must be stated)

Victim Arson Assault Abduction Fraud/Theft (\$) Rape
 Suspect Murder Child Abuse Armed Robbery Serious Drug Offence
 Witness Other (Please specify) Child Sexual Assault

Act: Crimes Act (NSW) Year: 40/1900 Section: 71 Penalty: 20yrs

Note: A comprehensive report is to be provided prior to any checks being conducted.

Routine Urgent (Attach report specifying reason) Life Threatening (Attach report specifying reason)

APPLICANT'S DETAILS (Please make sure that this form is fully completed before faxing)

Name: Mark Watters	Rank: D/S/C	Regd No: 23839	Signature: M.J. Watter	Date: 11.10.99
Phone/Eagle: 70245	Fax/Eagle: 70283	LAC/Region: Lower Hunter		Specialist Agency:
Strike Force:	Location/Unit:			

AUTHORISATION (Authority to conduct checks and to incur costs - Must be signed by a Commissioned Officer)

Name: P.C. MATHEWS	Rank: INSPECTOR	Regd No. 19717
Signature: <i>[Signature]</i>	Date: 11.10.99	Cost Centre: 4641

Office Use Only:

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