

IN THE MAGISTRATES' COURT
OF VICTORIA AT _____
(Court Location)

Court Reference: _____

APPLICANT DETAILS

Name: _____

Capacity: Informant Accused/Offender Plaintiff
[please Applicant Respondent Defendant
select] Victim Non-Party
 Legal representative [also indicate for which party]

Organisation: _____ Region #
[Victoria Police
only]: _____

Postal address: _____ Phone: _____

City/Suburb: _____ Postcode: _____

Email: _____

CASE DETAILS

Case name: _____

Hearing type: _____ Judicial officer: _____

Hearing date(s): _____ Next hearing date: _____

REQUEST DETAILS

Detailed reason for request:

In signing this request form, I acknowledge that I will not copy, distribute or publish, or cause the copying, distribution or publication of these recording/s in any way without prior approval of the court in accordance with the audio recording protocols.

Date: _____

Signature of applicant

FEES (REGISTRY USE ONLY)

Number of days to be copied: _____ at \$55 per day. Total fee: \$ _____

APPROVAL/PAYMENT (REGISTRY USE ONLY)

A registrar/court officer must initially approve the request for audio recording before it is presented for payment.

Approved by Registrar/Court Officer: _____ Signature _____

REQUEST REFERRED FOR APPROVAL (REGISTRY USE ONLY)

(If yes, please attach copy of this form to completed "Referral to Chief Magistrate, Deputy Chief Magistrate or Division Head for Audio Recording/Transcript" form

- Yes
- No