 [4 returns between ‘Yours sincerely’ and signature block]

**REQUEST FOR COPY OF AUDIO RECORDING**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In the Magistrates’ Court of Victoria at | | | | |  | | | | Court Reference: | |  |
|  | | | | | *Court Location* | | | |  | |  |
| **APPLICANT DETAILS** | | | | | | | | | | | |
| Name: |  | | | | | | | | | | |
| Capacity: | | Informant | | | | Accused/ Offender | | | | Prosecutor | |
| [*please select*] | | Applicant | | | | Respondent | | | | Plaintiff | |
|  | | Defendant | | | | Victim | | | | Non- Party | |
|  | | Legal representative [*also indicate for which party*] | | | | | | | | | |
| Organisation: | | |  | | | | | | | | |
| Victoria Police Only: | | |  | | | | | | | | |
|  | | | | *Rank, VP number, Region* | | | | | | | |
| 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: | | |
| Include the date required if applicable  Include intended purpose of the recording  For example   * Required for pending appeal * Required for record keeping purposes * To provide information to new legal representative * For review only | | |
|  | | |
| **In signing this request form, I acknowledge that except for sharing the recording/s between a legal practitioner and their client, 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.** | | |
|  |  |  |
| Signature of applicant |  | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FEES (REGISTRY USE ONLY)** | | | Full Fee | | Concession | |
| Number of days to be copied: |  | at $55 per day. | | Total fee: | | $ |
| Number of days to be copied: |  | At $25 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 |