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

**REQUEST FOR COPY OF AUDIO RECORDING**

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| 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: |       |

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| **CASE DETAILS** |
| Case name: |       |
| Hearing type: |       | Judicial officer: |       |
| Hearing date(s): |       | Next hearing date: |       |

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| **REQUEST DETAILS** |
|  Detailed reason for request: |
| Include the date required if applicableInclude intended purpose of the recordingFor 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: | $      |

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| **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 |       |

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| **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 |