

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