

REQUEST FOR COPY OF AUDIO RECORDING

IN THE MAGIS	STRATES' COURT Court Reference:				
OF VICTORIA AT					
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:	Region #:				
Daatal	Victoria Police only				
Postal address:	Phone:				
City/Suburb:	Postcode:				
Email:					
CASE DETAIL	S				
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 					
1 01 10 11	SW Offiny				

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				