

**REQUEST FORM MUST BE PRESENTED TO RELEVANT COURT/CASH OFFICE FOR PAYMENT
AND CASH REGISTER IMPRINT OR RECEIPT**



**Magistrates' Court
Victoria**

Request for Copy of Digital Recording

CASE DETAILS:

Case Number _____ Case Name _____
Hearing Type _____ Case before Magistrate _____
Hearing Date _____ Number of days to be copied _____

APPLICANT'S DETAILS

Person ordering copy: _____

CAPACITY (please tick) Informant Accused/Offender Plaintiff Non party
 Accused/Offender's legal representative Plaintiff's legal representative

ORGANISATION _____

REGION NUMBER (Victoria Police only) _____

REASON FOR REQUEST _____

CONTACT TELEPHONE NUMBER _____

POSTAL ADDRESS (for delivery, if applicable) _____

CITY/SUBURB _____ POSTCODE _____

SIGNATURE: _____ DATE: / /

FEES

NUMBER OF DAYS TO BE COPIED _____ @ \$55 PER DAY = TOTAL FEE: \$ _____

**NOTE: ALL REQUESTS ARE TO BE APPROVED FOR RELEASE BY A REGISTRAR, PRIOR
TO ACCEPTED PAYMENT.**

Approved by:
Registrar's name: _____ Registrar's signature: _____

**DIGITAL RECORDINGS ARE PROVIDED ON PC CD-ROM AND CANNOT BE PLAYED ON A
CD PLAYER**
PLEASE NOTE: TRANSCRIPTION SERVICES ARE NOT AVAILABLE AT THE COURT