

## **REQUEST FOR COPY OF AUDIO RECORDING**

Case Name:	
Case Number:	
Hearing Details/ date:	
Magistrate:	
Full Name:	
Relationship to Case:	
Firm/Agency:	
Telephone Number:	
Address:	
Email Address:	
Date of Application:	
Signature:	
My reason for seeking access to the audio recording is:	

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

## WARNING

Pursuant to s.534 of the Children, Youth and Families Act 2005, a person must not publish, or cause to be published any particulars that may lead to the identification of a particular venue of the Children's Court in which the proceeding was heard or a child, witness or party to the proceeding.

PENALTY: In the case of a body corporate: 500 penalty units, in any other case: 100 penalty units or imprisonment for two years.

## OFFICE USE ONLY This request has been: Granted Refused Judge/ Magistrates name: Judge/ Magistrates signature: Dated: Total Fee/s: \_\_\_\_\_ Payment processed on: Registrar: \_\_\_\_\_ DATE COLLECTED:

**NAME AND SIGNATURE:** 

**FEE WAIVED:**