

REQUEST FOR COPY OF AUDIO RECORDING FEE WAIVER

TO BE COMPLETED ALONGSIDE REQUEST FOR COPY OF AUDIO RECORDING

Application is made by:

Case Details/ Case Number:

For the waiver of the applicable fee of \$_____ for _____ days of audio recordings.

SECTION ONE

OCCUPATION:

NAME OF EMPLOYER:

GROSS WEEKLY WAGE:

SECTION TWO

WEEKLY EXPENSES:

Rent/board \$ _____

Rates/Electricity/Gas \$ _____

Food Expenses \$ _____

Phones (home/mobile) \$ _____

Travel (fuel/public transport fares) \$ _____

Medicines/Medical costs \$ _____

Child Support/Maintenance \$ _____

Loan Repayments \$ _____

TOTAL WEEKLY EXPENSES \$ _____

Reasons for request

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DECLARATION

I do solemnly and sincerely declare/ make oath and swear
that the information provided is a true and accurate statement of my financial circumstances.

Declared at _____

this _____ day of _____ 20_____

*Signature of person making this declaration
(to be signed in front of authorised witness)*

Before me

Signature of Authorised Witness

OFFICE USE ONLY

This request has been:

Granted

Refused

Judge/ Magistrates Name:

Judge/ Magistrates Signature:

Dated: