

## TRANSCRIPT ORDER FORM

CHILDREN'S COURT

All fields must be completed. Incomplete forms will not be

## processed and incorrect details supplied may result in delays **APPLICANT DETAILS** Name/Law Firm: Address: Email Address: Email Address: Phone: \_\_\_\_\_ \_\_\_\_\_ Fax: \_\_\_\_\_ Legal Aid Matter: YES/NO Legal Aid Reference: \_\_\_\_\_ NB: IF MORE THAN ONE (1) EMAIL ADDRESS, COPY COSTS MAY APPLY **CASE DETAILS** Case Name: Name of Judge or Magistrate: File Number: Hearing Date: Matter heard at: **APPLICATION** Transcript **Duplicate Sound Recording** Please tick:

Evidence and judgement (excludes submissions)

Evidence (excludes submissions) Remarks on sentencing

Other (please specify)

Other (please specify) \_\_\_\_\_

Judgement

RELATIONSHIP OF ORD	ERING PARTY TO HEARIN	lG
☐ Solicitor or Partner	☐ Solicitor's Employee	☐ Counsel
Prosecutor	Litigant in person	Other (please specify)
REASON for requiring trar	script from the Children's	Court (please complete)
DELIVERY METHOD		
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	oly transcript in the above matte calculated at the current rate.	er for which I/my company agree to pay the
	eposit of <b>\$110.00</b> (min <b>\$110.00</b> ) posit of <b>\$134.00</b> (min <b>\$134.00</b> )	
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CHILDREN'S COURT	ONLY	
	s, and a deposit (minimum char	the supply of transcripts is conditional uponge) is required at the time of application.
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