Transcript Order Form

Local	Court	□ D	istrict Court
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Applicant Details			
Name/Law Firm: Address: Email Address: Email Address:			
Phone:	Fax:		
Legal Aid Matter: (circle) Note: If more than one (1)	•		
Case Details			
Case name:			
Name of Judge or Magistr	ate:		
Case number:			
Hearing date:			
Matter heard at (court):			
Application ☐ Transcript			
Duplicate Sound F	Recording		
Local Court (tick below)			
Evidence and judg	ement (excludes s	ubmissions)
Other (please spec	cify):		
District Court (tick below			
Evidence (exclude	s submissions)		
Remarks on sente	ncing		
Judgement			
Other (please spe	cify):		
Relationship of Ordering P Solicitor or Partner	earty to Hearing ☐ Solicitor's Empl	loyee	☐ Counsel
☐ Prosecutor	☐ Litigant in perso	on	☐ Other (please specify)

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] Hard Copy* Hard copy of transcripts can be collected (subject to being complete and ready) uring the normal office hours of your local registry.
hereby request you to supply transcript in the above matter for which I/my compan gree to pay the requisite fees which will be calculated at the current rate.
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alance to be paid before receipt of transcript.
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istrict Court Only certify that I am an authorised representative on behalf of the above named ompany to attain such services under the following Terms & Conditions:
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