# **Request for Audio Recording**

#### Case Details

Name of Matter:		
Court Case Number:		
Jurisdiction:	Court Location:	
Justice/Judge:		
Parts and Dates of Transcript Required:		
☐ Plea on:		
☐ Charge on:		
☐ Sentence on:		
☐ Trial - from:	to:	
☐ Other:		
Request Details  Name:		
Organisation: (if applicable)		
Address:		
Add1635		ress. PO Boxes will not be accepted.
Contact Number:		
Email Address:		
DX Number: (if applicable)		
Preferred Delivery Method: ☐ Post	☐ Collect	□ DX
Reason for request		

#### Submission

Please submit completed form to VGRS by:

• Email: <u>vgrs.enquiries@courts.vic.gov.au</u>

• Post: Victorian Government Reporting Service

7/436 Lonsdale Street, Melbourne 3000



## VGRS Request

### Statutory Declaration

·,		[Full Name]
of		
		[Address]
	[Occupation]	, do solemnly and sincerely declare that:
provided in writing to the recording to any o	the VGRS by the presiding judi	r the purposes of producing transcript unless permission is cial officer. I also agree that I will not copy, transmit or give t the express written permission from the presiding judicial
I am not aware of any	Court order or other restriction	n limiting my entitlement to the recording.
	s declaration is true and correct, claration is liable to the penalties	and I make it with the understanding and belief that a person s of perjury.
Declared at:	[Place]	on
	[	[sate]
		[Signature of Declarant]
Before me:		
[Signature	e of Authorised Witness]	
	[Full Name]	<del></del>
[Tit	tle / Qualification]	
	[Address]	<del></del>

The authorised witness must print or stamp his or her name, address and title under section 107A of the Evidence (Miscellaneous Provisions) Act 1958.

## Persons who may witness statutory declarations

<u>Click here</u> to refer to the Victorian State Government Justice and Regulation website to review who may witness statutory declarations or visit <u>www.justice.vic.gov.au</u>.

