

## Transcript Request Form Children's Court of Western Australia

Children's Court of Western Australia Act 1988 S.51A

| Contact details             |                      |         |            |  |
|-----------------------------|----------------------|---------|------------|--|
| Requestor                   |                      |         |            |  |
| Address                     | [Street number and n | ame]    |            |  |
|                             | [Suburb]             | [State] | [Postcode] |  |
| Organisation                |                      |         |            |  |
| Phone                       |                      |         |            |  |
| Email                       |                      |         |            |  |
| Criminal                    |                      |         |            |  |
| Accused/offender's name     |                      |         |            |  |
| Change number(s)            |                      |         |            |  |
| Hearing date                |                      |         |            |  |
| Judge/Magistrate            |                      |         |            |  |
| Prosecutor                  |                      |         |            |  |
| Defence Lawyer              |                      |         |            |  |
| Youth Justice Court Officer |                      |         |            |  |
|                             |                      |         |            |  |
| Restraining Order           |                      |         |            |  |
| Restraining order number    |                      |         |            |  |
| Hearing date                |                      |         |            |  |
| Judge/Magistrate            |                      |         |            |  |
| Applicant's name            |                      |         |            |  |
| Protected per               | son's name           |         |            |  |
| Protected person's Lawyer   |                      |         |            |  |
| Restrained pe               | erson's name         |         |            |  |
| Restrained person's Lawyer  |                      |         |            |  |
| Durate diam                 |                      |         |            |  |
| Application nu              |                      |         |            |  |
|                             |                      |         |            |  |
| Child's name                |                      |         |            |  |
| Respondent mother           |                      |         |            |  |
| Respondent father           |                      |         |            |  |
| Mother's Lawyer             |                      |         |            |  |
| Father's Lawyer             |                      |         |            |  |
| Judge/Magistrate            |                      |         |            |  |
| Department Legal Officer    |                      |         |            |  |
| Child Represe               | entative             |         |            |  |
| Hearing date                |                      |         |            |  |

| Section  | n of transcript requ                                       | ired                          |  |  |
|--|--|-------------------------------|--|--|
| Entire proceedings   |  |                               |  |  |
| Reasons for decision   |  |                               |  |  |
| Evidence   |  | Evidence of                   |  |  |
| Other  |  |                               |  |  |
| Transcript format required   |  | ☐ Paper ☐ Email [Adobe PDF]   |  |  |
| _  |  |                               |  |  |
| Turn-a   | around required  |                               |  |  |
|  |  |                               |  |  |
| 4 Day ☐ 7 Day ☐  |  |                               |  |  |
|  |  | tod places provide a recessor |  |  |
| If urgent turn-around is requested, please provide a reason:   |  |                               |  |  |
| PLEASE NOTE:   |  |                               |  |  |
| <ul> <li>There is a fixed fee per transcript, plus an additional per page fee, depending or delivery times, being: <ul> <li>1 day order</li> <li>4 day order</li> <li>7 day order.</li> </ul> </li> <li>See <a href="http://www.childrenscourt.wa.gov.au/fees">http://www.childrenscourt.wa.gov.au/fees</a> for current court fees.</li> <li>A deposit of 75% of the estimated cost of the transcript is payable on lodgement</li> <li>Your transcript will take approximately 7-10 working days to be transcribed, unless requested more urgently</li> <li>Additional delivery time will be necessary for metropolitan and country court registries</li> <li>Once you have been notified your transcript is ready, it is to be collected WITHIN 14 DAYS unless other arrangements are made</li> </ul> |  |                               |  |  |
| Signature:   |  | Date:                         |  |  |
| Once completed, print, sign and send by mail, fax or email to:   |  |                               |  |  |
| Mail:  | Perth Children's Court<br>160 Pier Street<br>PERTH WA 6000 |                               |  |  |
| Fax:   | 9221 1705  |                               |  |  |
| Email:   | childrenscourt@justice                                     | e.wa.gov.au                   |  |  |