



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 name] [Suburb] [State] [Postcode]
Organisation	
Phone	
Email	

Restraining Order	
Restraining order number	
Hearing date	
Judge/Magistrate	
Applicant's name	
Protected person's name	
Protected person's Lawyer	
Restrained person's name	
Restrained person's Lawyer	
Section of transcript required	
Entire proceedings	<input type="checkbox"/>
Transcript format required	<input type="checkbox"/> Paper <input type="checkbox"/> Email [Adobe PDF]
Other	<input type="checkbox"/> Application <input type="checkbox"/> Affidavit

PLEASE NOTE:

- Once you have been notified your transcript is ready, it is to be collected **WITHIN 14 DAYS** unless other arrangements are made

Signature: _____ Date:

Once completed, print, sign and send by mail, fax or email to:

Mail: Perth Children's Court
160 Pier Street
PERTH WA 6000

Fax: 9221 1705

Email: childrenscourt@justice.wa.gov.au