



REQUEST FOR TRANSCRIPT

Lodgement of this form	
Email	clientservices@auscript.com.au
Fax	1300 739 037

General enquiries	
Contact Auscript	1800 287 274 (1800 AUSCRIPT)

Involvement in the Proceedings (Please select) : Self-Represented Litigant Legal Representation Non - Party

Estimate only? If you require an estimate, please complete and return page one (1) only
PLEASE NOTE: If you do **not** hold an **authorised credit account** with Auscript, you will **automatically receive an estimate of costs** (even if you do not tick the box above). **Payment for the full estimated amount is required prior to processing your order.**

Details of the proceedings

Matter Title			
Matter Number			
Jurisdiction <i>(Supreme Court, Children's Court, Magistrates Court etc)</i>			<input type="checkbox"/> Civil <input type="checkbox"/> Criminal
Judicial Officer / Presiding Member			
Location <i>(City/Courthouse)</i>	Courtroom		
Date/s Required	Please specify <u>ALL</u> required dates		
Transcript Types	<input type="checkbox"/> Hearing	<input type="checkbox"/> Decision	<input type="checkbox"/> Committal
	<input type="checkbox"/> Trial	<input type="checkbox"/> Opening Addresses	<input type="checkbox"/> Closing Addresses
	<input type="checkbox"/> Pre Trial Hearing	<input type="checkbox"/> s13A Submissions	<input type="checkbox"/> Verdict
	<input type="checkbox"/> Order	<input type="checkbox"/> s13A Sentence	<input type="checkbox"/> Ruling
Revisable Transcript Types**	<input type="checkbox"/> Judgment / Sentence	<input type="checkbox"/> Summing up / Redirection	
Other	<input type="checkbox"/> Extract*	<input type="checkbox"/> Swearing In	<input type="checkbox"/> Admissions
	<input type="checkbox"/> Valedictories		
<i>*If extract was selected please provide details here</i>	Specific Portion :		
	Start time :	Finish time :	
Comments <i>(Domestic and Family Violence, your involvement in the matter)</i>			

Delivery requirements

Turnaround required[^]	<input type="checkbox"/> Same Day	<input type="checkbox"/> 1 Day	<input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 5 Day	<input type="checkbox"/> 10 Day
Delivery <i>If more than one delivery address, copy costs will apply.</i>	<input type="checkbox"/> Email (word doc) <i>Please provide delivery email below.</i>	<input type="checkbox"/> Post (Printed) <i>Please provide delivery address in Section below.</i>	<input type="checkbox"/> Collect (Printed) <i>From the nearest Auscript office.</i>			
Email address/es <i>(If emailed)</i>						

[^]**Turnaround** describes when a transcript will be received by the ordering party. For matters already heard, this is calculated from the time the order and payment/account details are received. For matters yet to be heard, this is calculated from the time the relevant proceedings begin.

All 'Same Day' transcript orders must be received by 9.00am on the day of the hearing day, in order to be produced within the required turnaround period.

'Same Day' turnaround provides parties with a transcript by 6pm on the day of the hearing (subject to sittings finishing no later than 4:30pm).

'1 Day' turnaround provides the ordering party with a finalised transcript within 24 hours of Auscript receiving the transcript order. Where the day after receipt of the order is a non working day, the transcript will be delivered on the next working day.

'2-10 Day' turnaround provides the ordering party with a finalised transcript within 2-10 business days of Auscript receiving the transcript order, delivered at 5pm.

****Revisable transcript types** (Revisable transcript types are locked into a Revisable 3 Day turnaround in which the transcript is provided to chambers for revision, however, please be aware that due to this we are unable to provide a specific delivery time) are charged at a 2 Day Turnaround

Details of the person making the request

Full Name	
Organisation	
Phone <i>(incl. area code)</i> / Mobile	
Email address	
Postal address <i>(Mandatory for invoicing)</i>	



REQUEST FOR TRANSCRIPT (CONTINUED)

Fee waiver

Is a fee waiver being requested?

No Yes (If yes, skip Payment sections below, and fully complete the Fee Waiver Application Form on the following pages.)

Cost Per Party

	Unit	Rates (ex GST) – valid from 01/07/2018			Comments
		1 Party	2 Parties	3+ Parties	
Same Day	Per Folio	\$5.61	\$4.78	\$4.50	1 folio = 100 words. Approximately 300 words in one (1) page.
One (1) Day	Per Folio	\$5.43	\$4.61	\$4.33	
Two (2) Day	Per Folio	\$4.99	\$4.24	\$3.99	
Three (3) Day	Per Folio	\$4.69	\$3.97	\$3.76	A minimum charge of 30 folios applies (Per transcript requested).
Five (5) Day	Per Folio	\$4.36	\$3.73	\$3.50	
Ten (10) Day	Per Folio	\$4.02	\$3.41	\$3.23	Approximately 18-20 folios are spoken in every 15 minutes of court time
Additional copies	Per Page	\$1.12			

Payment Method

- Established Auscript account** Account code (if known):
- Money order/bank cheque** Post to: PO Box 13038, George St Post Shop Brisbane QLD 4003
- Direct deposit** Auscript Australasia, BSB: 114-879, Account number: 485-976-490
- Credit card** Complete below

Credit Card Details

- Visa** 1.5% surcharge
- MasterCard** 1.5% surcharge
- Diners Club** 3.33% surcharge
- AMEX** 3.33% surcharge

Card Number

Expiry date ____/____

CVV Number

Name of cardholder

Billing Address

Signature

Date / /

Please review and complete before submitting

COPYRIGHT IN THIS TRANSCRIPT IS VESTED IN THE STATE OF QUEENSLAND (DEPARTMENT OF JUSTICE & ATTORNEY-GENERAL). COPIES THEREOF MUST NOT BE MADE OR SOLD WITHOUT THE WRITTEN AUTHORITY OF THE DIRECTOR OF REPORTING, FINANCE & COMMUNITY ENGAGEMENT, QUEENSLAND COURTS.

- I agree that copyright in the transcript remains with the State of Queensland (Department of Justice and Attorney-General)
- I have read and accept Auscript's Terms and Conditions of business, available at:
http://www.auscript.com.au/terms_conditions.html
- I understand Auscript will only fill the present transcript order if there is no restriction on release.
- I am aware that orders for transcript cannot be cancelled once lodged with Auscript Australasia Pty Limited. I will be liable for all charges.

Print Name:

Signature:

Date: / /

Financial Hardship Fee Waiver Application Form



Information for Applicant

Please Note: Non-parties to a matter cannot request a waiver of transcript fees.

The Financial Hardship Fee Waiver Application Form has been created to assist the Department in making an informed assessment of your current financial situation so a decision can be made as to your eligibility to receive a full or partial waiver of transcript fees due to financial hardship.

Any funds and income you list on this Fee Waiver Application Form **must** be supported by relevant financial documentation. The types of supporting documents required are listed below:

- Copies of **all** your bank statement/s (minimum most recent 3 months of transactions) current to the week transcript request is lodged
- Centrelink income statement that details the type of benefit and amount you receive current to the week transcript request is lodged
- Copy of Centrelink Pensioner Concession Card and/or Healthcare Card, if applicable
- Pay Slips, Payment Summaries (minimum most recent 3 months) current to the week transcript request is lodged
- Income Tax Assessment Notice for last financial year if you have not yet worked in the current financial year
- Any other supporting documentation that may assist your application for a fee waiver

Checklist

Before you send the application, check you have attached, as applicable:

Financial details

- a copy of your health care or pension card
- your pay slips or proof of income
- a copy of your bank statement/s
- copies of Income Tax assessment Notices
- a copy of your self-employment details

Also check you have:

- answered all relevant questions
- read and signed the Declaration

Please note:

- Your Fee Waiver application will be assessed regarding the requested hearing dates only.
- Any future requests for transcripts will require a new Fee Waiver application to be lodged for assessment.
- In circumstances where there is more than one applicant requesting a fee waiver of a particular transcript, each applicant must submit a separate Fee Waiver application.
- Each application is assessed based on the financial information provided and a determination may be made that a **FULL** or **PARTIAL** waiver of transcript fees is applicable based on your financial circumstances at the time of making the request

The Fee Waiver Application Form and supporting documentation must accompany the *Request for Transcript - Parties* order form (available on the Auscript Website – www.auscript.com) or provided to Auscript following lodgment of a transcript request via the Auscript online transcript order webpage.

If you are unable to provide the information required for the Fee Waiver Application Form or have any queries, please contact the Auscript Client Services team on 1800 287 274 or via email clientservices@auscript.com.

**Legal Aid Queensland (LAQ) or
Aboriginal and Torres Strait Islander Legal Service (ATSILS)**

Information for Applicant represented by LAQ or ATSILS

PLEASE NOTE: If you are represented by Legal Aid Queensland (LAQ) or the Aboriginal and Torres Strait Islander Legal Service (ATSILS), those organisations may be able to apply for a fee waiver of transcript on your behalf.

Please contact your Case Manager in the first instance before submitting a Fee Waiver application.

NOTE: If LAQ or ATSILS is submitting the Fee Waiver request on behalf of a client this form is not required to be completed. LAQ/ATSILS to provide *Financial Hardship Request For Fee Waiver For Transcript* letter.

Victim of a Personal Offence Fee Waiver application

Information for Applicant requesting Fee Waiver as a Victim of a Personal Offence

Per section 8A of the *Recording of Evidence Regulation 2018*, a victim of a personal offence the subject of a criminal proceeding in the Supreme Court or the District Court is entitled to one free copy of an existing transcript or, if a transcript does not exist, a copy of the audio recording of the proceeding.

If you meet these criteria, please do not submit a Financial Hardship Fee Waiver Application.

Instead, please submit a *Request For Transcript – Victims* as well as a *Victim of a Personal Offence* form. These forms can be found on the Auscript website (<http://www.auscript.com.au/justice/courts-and-tribunals/queensland-courts>)

Individual Details

Title: Mr Mrs Ms Miss Other

First name: Last/family name:

Business/trading name (if applicable):

Transcript Order Number (if known):

Contact Details

Residential address:

Postal address:
(if different to above)

Email:

Phone: Daytime contact number Mobile

Concession Card Details

Are you a concession card holder: Yes No

Description	Please tick
The holder of any of the following cards under the <i>Social Security Act 1991</i> (Commonwealth)—	
• A current health care card	
• A current pensioner concession card	

Expiry date:

*Please note, a copy of the Centrelink card to support the category you select **must** be supplied with this application.*

Financial Details

Please complete all fields regarding financial information. If the field does not apply to your financial circumstances, please mark as "N/A", "Nil", "Zero" etc

Occupation:	
Employer:	
Dependants: <input type="checkbox"/> dependant wife/husband/de facto <input type="checkbox"/> _____ (# of) dependant children <input type="checkbox"/> other _____	
Funds/Assets/Investments	
Current Bank Balance	\$ _____
Assets (List all including value)	_____
Investments (List all including value)	_____
Total Funds	\$ _____

Please note, copies of 3 months of your most recent bank/investment statement/s for all accounts held by applicant current up to the week transcript request is lodged must be provided with this application.

Applicant's Income Details	
Income (net)	\$ per fortnight
<input type="checkbox"/> Wage/salary <input type="checkbox"/> Benefit	\$ _____
Income from investments	\$ _____
Income from rent	\$ _____
Other income (please state)	\$ _____
Total Income	\$ _____

Applicant's Expenditure Details	
Expenditure	\$ per fortnight
Rent/board	\$
Mortgage repayment	\$
Maintenance for dependants	\$
Food	\$
Telephone	\$
Water	\$
Rates	\$
Court orders	\$
Utilities (electricity/gas)	\$
Other (please state) _____	\$
Total Expenditure	\$

Grounds of Financial Hardship

Should you wish to provide additional details regarding special personal or financial circumstances or information to be relied on to show financial hardship, please detail below or attach a separate statement to this application.

Collection Notice

The Department of Justice and Attorney-General is collecting your personal information in order to assess your entitlement for a financial hardship fee waiver in accordance with section 7 of the *Recording of Evidence Regulation 2018*.

The Department of Justice and Attorney-General treats fraudulent activity seriously.

When applying for a fee waiver:

- making a false or misleading statement;***
- providing a document or information you know to be false or misleading; or***
- omitting information with the intent to deceive or mislead***

will result in you being investigated by the Queensland Police Service for criminal offences, including Fraud or Forgery and Uttering under the Criminal Code. Penalties including imprisonment apply to persons found guilty of such offences.

Declaration

I,certify:
(full name)

1. that the information provided in this form and attached documents are true and correct to the best of my knowledge and belief;
2. that I have provided my complete financial information to support the fee waiver request; and
3. acknowledge that criminal penalties may apply for dishonestly obtaining a waiver of transcript fees.

Applicant's signature

Date

Send the completed forms and supporting documentation to:

Post
Auscript Australasia Pty Ltd
L22, 179 Turbot Street
BRISBANE QLD 4000

Email
clientservices@auscript.com.au

Office use only

<p>Date received:</p> <p>Supporting documents attached:</p> <p>Transcript value:</p> <p>Form checked by:</p> <p>Form checked date:</p>	<p>Fee waiver approved / not approved</p> <p>-----</p> <p>Authorised Fee Waiver Delegate</p> <p>-----/-----/-----</p>
--	---