# Request For audio - Parties and non- parties

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| **Lodgement of this form** | |  | **General enquiries** | |
| **Email** | clientservices@auscript.com.au |  | **Contact Auscript** | 1800 287 274 |
| **Fax** | 1300 739 037 |  | (1800 AUSCRIPT) |

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| *All Audio Recordings are made available either online or on CD.* ***Court.fm*** *enables online access to audio requested through a unique username and password. Credentials will be provided on receipt of payment and access will be granted to the audio online. Should a copy on CD be required, Auscript will copy the audio to CD and post. The Department may place restrictions on some audio and as a result the audio will not be available for purchase.* |

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| 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.* |

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| **Details of the proceedings** | |
| **Title of the proceedings** |  |
| **Presiding Officer** |  |
| **Jurisdiction** *(Supreme Court - Criminal, Children’s Court, Magistrates Court etc)* |  |
| **Matter Number** |  |
| **Location** *(Registry, Courtroom)* |  |

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| **Details of the audio recording required** | | | | | |
| ***PLEASE NOTE:*** *Please be aware that you may be charged an Administration and Audio Retrieval Fee for every 15 minutes the Client Services and IT Helpdesk teams take to fulfil the order and retrieve the audio file(s) requested from archives.You will be advised of this cost if it is to be levied.* | | | | | |
| **Recording required** | Full recording (one day) | Consecutive Days | | Portion |  |
| **Date/s Required** |  | | | **Please specify ALL required dates** | |
| **Please provide details** | **Specific Portion:** | | | | |
|  | **Start time:** | | **Finish time:** | | |
| **Comments** |  | | | | |
| **Delivery Method** | Online (Court.fm) within 2 - 5 days  CD within 5 – 10 days | | | | |

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| **Details of the person making the request** | |
| **Full name** |  |
| **Organisation** |  |
| **Phone** *(incl. area code)***/ Mobile** |  |
| **Email address** |  |
| **Postal address** *(Mandatory for invoicing)* |  |

# Request For audio - Parties and non- parties (Continued)

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| **Applicable costs** | | |
|  | **Unit** | **Rates (Ex GST)**  *Valid until 28/02/17* |
| **Base fee – the first audio hour (or part thereof)** | Per Hour | $63.86 |
| **Additional fees – for audio exceeding 1 hour in length in 15 minute units (or part thereof)** | Per 15 minutes of Audio | $10.65 |
| **Copy on CD – Additional cost for CD and postage** | Per copy | $31.93 |

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| **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 |

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| **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** | **/     /** |

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| **Please review and complete before submitting** | | | |
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|  | *I agree that copyright in the recording 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*](http://www.auscript.com.au/terms_conditions.html) | | |
|  | *I understand Auscript will only fill the present audio order if there is no restriction on release.* | | |
|  | *I am aware that orders for audio cannot be cancelled once lodged with Auscript Australasia Pty Limited. I will be liable for all charges.* | | |
| **Print Name:** | | **Signature:** | **Date**:      /     / |