# Request For Transcript – Parties

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

|  |
| --- |
| [ ]  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**  |
| **Title of the proceedings** |       |
| **Judicial Officer** |       |
| **Matter Number** |       |
| **Location** *(Registry, Courtroom)* |       |
| **Date/s of hearing required** *If there is a break between hearing dates, you will need to re-order* |  |

|  |  |
| --- | --- |
| **Transcript Type****Criminal Matter****Civil Matter****Other***\*If extract was selected please provide details here* |  |
| [ ]  Trial | [ ]  Pre Trial Hearing | [ ]  Pre Recorded Evidence | [ ]  Opening Addresses |
| [ ]  Closing Addresses | [ ]  Summing up/ redirection | [ ]  Verdict | [ ] Sentence |
| [ ]  s13A Sentence | [ ]  s13A Submissions | [ ]  Judgment | [ ]  Order |
| [ ]  Ruling  | [ ]  Extract\* | [ ]  Committal | [ ]  Decision |
| [ ]  Hearing | [ ]  Judgment | [ ] Summing Up/ Redirection | [ ]  Order |
| [ ]  Extract\* |  |  |  |
| [ ]  Hearing | [ ]  Extract\* | [ ] Swearing In | [ ]  Valedictories |
| [ ]  Admissions |  |  |  |
| **Specific Portion :**       |
| **Start time :**       | **Finish time :**       |
| **Comments** |       |

|  |
| --- |
| **Delivery requirements** |
| **Turnaround required^** | [ ]  Same Day | [ ]  1 Day | [ ]  2 Day | [ ]  3 Day | [ ]  5 Day | [ ]  10 Day |
| **Delivery***If more than one delivery address, copy costs will apply.* | [ ]  Email (word doc)*Please provide delivery email below.* | [ ]  CD (word doc)*Please provide delivery address in Section below.* | [ ]  Post (Printed)*Please provide delivery address in Section below.* | [ ]  Collect (Printed)*From the nearest Auscript office.* |
| **Email address/es***(If emailed)* |       |
| *^****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 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*** *(Summing Up/Redirection, Sentence, s13A Sentence, Judgment, Order, Ruling) are charged at a 2 Day Turnaround* *Orders placed in advance are welcomed.* |

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

# Request For Transcript – Parties (Continued)

|  |
| --- |
| **Fee waiver**  |
| **Is a fee waiver being requested?** |
| **[ ]  No [ ]  Yes** *(If* ***yes****, this form* ***MUST*** *be accompanied by a fully completed fee waiver application form)* |

|  |
| --- |
| **Cost Per Party** |
|  |  | **Rates (ex GST) – valid until 28/02/2018** |
|  | **Unit** | **1 Party** | **2 Parties** | **3+ Parties** | **Comments** |
| **Same Day** | Per Folio | $5.43 | $4.62 | $4.35 | 1 folio = 100 words.Approximately 300 words in one (1) page.A minimum charge of 30 folios applies (Per transcript requested).Approximately 18-20 folios are spoken in every 15 minutes of court time |
| **One (1) Day** | Per Folio | $5.25 | $4.46 | $4.19 |
| **Two (2) Day** | Per Folio | $4.83 | $4.10 | $3.86 |
| **Three (3) Day** | Per Folio | $4.53 | $3.84 | $3.63 |
| **Five (5) Day** | Per Folio | $4.22 | $3.60 | $3.39 |
| **Ten (10) Day** | Per Folio | $3.89 | $3.30 | $3.12 |
| **Additional copies** | Per Page | $1.08 |

|  |
| --- |
| **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*](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**:      /     /      |