



Administrative Decisions Tribunal
New South Wales

APPLICATION FOR DUPLICATE RECORDING OR TRANSCRIPT

PARTIES

Applicant: _____

Respondent: _____

File Number: _____

Division: _____

Member's name: _____

Date of Hearing: _____

DUPLICATE RECORDING OR TRANSCRIPT

This is an application for Duplicate recording (CD or tape) Transcript (typed)

A transcript is only available in the following circumstances:

- Where a transcript has already been prepared at the request of a member
- Special circumstances exist, for example, the party is a person with a disability
- A transcript is required to prepare Appeal Books for an appeal in the Supreme Court or Court of Appeal (Copy of initiating application must be provided to the ADT)

APPLICATION MADE BY

Applicant Respondent Legal Representative for Applicant / Respondent (delete one)

DELIVERY INSTRUCTIONS – Transcripts will be emailed in Rich Text Format (rtf)

to be collected

to be emailed

to be posted or DX

Email or Postal address _____

Telephone number: _____

SIGNATURE

Signed by _____

Date _____

Name _____

OFFICE USE ONLY

Sent to

Applicant

Respondent

REGISTRY DETAILS

Level 15, St James Centre, 111 Elizabeth St Sydney 2000

DX 1523 Sydney

Phone 02 9223 4677 Freecall 1800 060 410

Facsimile 02 9233 3283

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