

**Application for Witness to Give Evidence via Audio Visual Link Facilities
Evidence (Audio and Audio Visual Links) Act 1998**

Note: This application will be dealt with in Chambers unless there is good reason for it to be listed before a Court. This application, together with all relevant information should be submitted in writing not less than **10 days** before the hearing date.

You will be advised of the outcome of the application.

PART A (Applicant to complete)

Name of the matter:.....
Date listed for hearing.....Time estimate.....
Place listed for hearing.....Local Court
Offence(s)

Application lodged on behalf of the.....(Prosecution/Defence)

I apply to give evidence/I apply for a witness to give evidence via Audio Visual Link Facilities.
The Witness Name

The witness is required to give evidence on behalf of the:

- Prosecution Defence
 Interpreter required for Witness. Language
- Witness is a Government Agency Witness (pursuant to s5BAA *Evidence (Audio and Audio Visual Link) Act 1998.*)
 Witness is an Expert in relation to.....
 Witness is required to give corroborative evidence
- I estimate the witness evidence will takeMins/Hours/Days.
 Other. Witness required for(please specify)

Reasons for request:

.....
.....
.....
.....

I confirm Audio Visual Link Facilities are available at(facilities available at witness location) to allow the witness to give evidence.

Name of applicant: **Signature:**
(Informant/Government Agency Witness/Representative) **Address:**

Date:...../...../..... Phone: Fax:

PART B (Other party to complete - a faxed copy is sufficient)

- I agree with this application, the evidence to be given is not contentious.
 I do not agree to this application because:

.....
.....
.....

Name of other party:

(Informant/Defendant/Representative) Signed:
(Delete where not applicable) Address:

Date: Phone: Fax:

PART C (Court/office use only)

Audio Link Facilities are:

- Available on hearing date in Courtroom
- Not available

Registrar/List Clerk
Local Court
Date:../../...

PART D (Magistrate Use Only)

- APPLICATION GRANTED
- REFUSED

.....
Magistrate
Date:../../...

- COPY TO:
- 1. List Office/Registry
 - 2. Police Prosecutor(s)
 - 3. Other (specify)