



REQUEST FOR VIDEOCONFERENCE

Technology and the Court Practice Note (GPN-TECH)

CONFERENCE DETAILS											
Conference Date:				Day of Week:							
NAME OF SITES REQUIRED (eg. Adelaide, Melbourne, Sydney) (Note: Originating site is where the Judge/Registrar is located)											
Originating site:			2nd Site: Receiving site			3rd Site: Receiving site			4th Site: Receiving site		
Room:			Room:			Room:			Room:		
NON-FEDERAL COURT SITE DETAILS (Australian & Overseas)											
Site Name:				Country Code & ISDN #s:		Operator's name and ph no. at VCF site:			Fax no. at or near VCF site:		
LOCAL TIMES (eg. 9.00 am to 10.00 am)											
(Originating site)			2nd Site			3rd Site			4th Site		
		to			to			To			to
SPECIAL REQUIREMENTS											
Additional Telephone Link Phone Numbers: <input type="checkbox"/>					Doc. Camera <input type="checkbox"/>			Other (Please specify) <input type="checkbox"/>			
NAMES OF PARTICIPANTS (eg. Justice X, Parties (eg. App / Res or name of witness etc.))											
Originating site			2nd Site			3rd Site			4th Site		
REASON FOR VIDEOCONFERENCE											
Matter Name:											
File No:											
Directions <input type="checkbox"/>		Hearing <input type="checkbox"/>		Motion <input type="checkbox"/>		Judgment <input type="checkbox"/>		OTHER (Specify) <input type="checkbox"/>			
CUSTOMER DETAILS:											
Organisation:											
Contact Person:											
Phone:			Fax:			E-mail:					
Address for Invoice:											
I have read the Technology and the Court Practice Note (GPN-TECH) and the Court's Videoconferencing Guide and acknowledge the Parties responsibilities and conditions and agree to pay the videoconference charges.											
Authorising Signature: _____ Date: _____											
CHARGES: FEDERAL COURT USE ONLY											
Parties to incur costs:		Applicant <input type="checkbox"/>			Respondent <input type="checkbox"/>			Other <input type="checkbox"/>			
		Parties to share costs <input type="checkbox"/>			Equally <input type="checkbox"/>			Other <input type="checkbox"/>			
Court to incur costs <input type="checkbox"/>		Fees Waived <input type="checkbox"/>			Fees Reduced <input type="checkbox"/>						
Authorised by:											
CALCULATION OF FEES (Court officer to complete)											
Time Hearing started			Time Hearing ended			No. of ¼ Hours			Overseas Transmission		