

Request for sound recording

Complete this form to request a copy of the sound recording of NCAT proceedings. Only parties to the proceedings or their representatives may request a sound recording. A fee is payable on the lodgement of this request.

1. PERSON MAKING THE REQUEST

Who are you	Applicant/Appel	lant 🗌 Respondent	Other (please spec	cify)
Name				
Daytime phone		Mobile		
Email address				
2. HEARING	DETAILS			
Select Division in wh	nich proceedings wer	e heard:		
Administrative &	Equal Opportunity	Consumer & Comme	rcial 🗌 Guardianship	Occupational Appeal
Parties' Names				
NCAT File Number				
Hearing Event	Date of hearing	Hearing venue	Member name	Time and duration of hearing
1				
2				
3				

5

4

3. PAYMENT AND DELIVERY METHOD

A fee is payable at the time of lodging this request. Refer to NCAT's fees and charges schedule.						
Amount paid	\$	Sou	und recording cost: \$48.00 for each hearing event			
Delivery method	In person	Post	Secure email*			
DELIVERY ADDRI	ESS					
Name						
Postal address						

Email address

* Visit the NCAT website for information about secure email delivery of sound recordings.

4. SIGNATURE

ACKNOWLEDGEMENT

- 1. I am authorised to place this order and I am placing it on behalf of my firm/company or myself.
- 2. My firm/company/l agree to pay all of the fees which will be charged for providing the requested service.

Name

Signature

Date

TRANSCRIPTS

Generally, NCAT does not prepare transcripts of its hearings. For matters heard in the Administrative and Equal Opportunity Division, Occupational Division and Appeal Panel there are exceptions. Please refer to the <u>Request for transcript form</u>.

Parties may purchase a copy of the sound recording and make their own arrangements for the preparation of a transcript. There are a number of transcription services available. Enter 'legal transcription services nsw' into your web search engine to locate a service near you.

TO LODGE YOUR REQUEST

Forms may be lodged with any NCAT Registry office. A fee is payable upon lodgement of this form.

For more information on NCAT

Telephone: 1300 006 228 Interpreter Services (TIS) 13 14 50 National Relay Service 13 36 77

Website: www.ncat.nsw.gov.au

OFFICE USE ONLY

Date received:	Tribunal Member:	
Date processed:	Counter reading start/finish time:	
Deposit paid: Receipt no:		
Total cost:		
Less deposit:		
Balance / refund owing:		
Date returned:	Registry Officer:	