

<b>DISTRICT COURT of WESTERN AUSTRALIA</b> <b>VIDEO LINK BOOKING FORM</b> Forward completed form to: <a href="mailto:CTODC@justice.wa.gov.au">CTODC@justice.wa.gov.au</a>		District Court at [Courthouse Location]
		Date Lodged
<b>Applicant</b>	Full name	
	Organisation/Firm	
	Address	
	Telephone	
	Email Address	
<b>Case Details</b>	Case No.	
	Matter Title	
<p><b><u>Except where a remote appearance is required by a current Public Notice or the Practice Directions, this form should not be filed until leave of the Court is obtained for the matter to be dealt with by video-link.</u></b></p>		
Has leave been granted for the appearance by video link? <input type="checkbox"/> No (see above) <input type="checkbox"/> Yes: Order Date: _____ Judicial Officer: _____		
<b>Select a matter type:</b>		
<input type="checkbox"/> District Court Civil (CIV/CIVO) <input type="checkbox"/> Non-District Court Matter Please refer to the <i>Fee Acknowledgement</i> section (p.2)      Please refer to the <i>Fee Acknowledgement</i> section (p.2)		
<input type="checkbox"/> District Court Criminal (IND) <input type="checkbox"/> Other (please specify): <input type="checkbox"/> District Court Appeal (APP) _____ Please refer to the <i>Fee Acknowledgement</i> section (p.2)      _____		
<b><u>Link Region:</u></b>	<input type="checkbox"/> Intrastate (within WA)	<input type="checkbox"/> Interstate <input type="checkbox"/> International
<b><u>Select a video link method/type:</u></b>		
<input type="checkbox"/> AVL Room Booking for a District Court of Western Australia (DCWA) matter. <input type="checkbox"/> Cisco Webex to a DCB Courtroom <input type="checkbox"/> AVL Room Booking for a non-DCWA matter. <input type="checkbox"/> Microsoft Teams to a DCB Courtroom <input type="checkbox"/> District Court Building Perth Courtroom to another Courthouse (WA) <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Multi-Purpose Facility (WA) _____ <input type="checkbox"/> Other Courthouse (Interstate) _____ <input type="checkbox"/> Private Video Conferencing Service to a DCB Courtroom		
<b>DCB = District Court Building</b> <b>DCWA = District Court of Western Australia</b> <b>AVL Room = Audio Visual Link Room G1 &amp; 1.2.3</b>		

Details of Appearance via Video Link: (one form per link)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Accused          | <input type="checkbox"/> Police Officer | <input type="checkbox"/> Expert Witness | <input type="checkbox"/> Lawyer            |
| <input type="checkbox"/> Civilian Witness | <input type="checkbox"/> Adult          | <input type="checkbox"/> Child          | <input type="checkbox"/> Non-Court Booking |

Link Date	Start Time	Duration
-----------	------------	----------

Person Appearing	Video Conferencing Facility (where applicable)
------------------	--

Name Address (if appearing from home or work):  Phone Number Email Address	Name Address  Contact at the Facility Phone Number Email Address
--	---

Which Court location is holding this hearing? \_\_\_\_\_

Which address does the Court need to use to connect the video link? \*

(SIP/IP/ISDN) \_\_\_\_\_

Comments:

**\*An SIP, IP or ISDN address is required for links to WebEx accounts and public or private video conferencing facilities. Leave this field blank if linking to Western Australian Courts, Prisons and Multi-Purpose Facilities, excluding Federal facilities.**

**For AVL Room bookings an SIP address will be provided with your booking confirmation.**

**Fee Acknowledgement** – fees for non-District Court of Western Australia and civil matters.

*No fees/charges are payable in criminal matters where a direction by the Court has been made pursuant to s121 of the Evidence Act 1906.*

***Where the Court's equipment/facilities are utilised for non-District Court of Western Australia related matters, fees will apply at the rate outlined for civil matters. Any charges levied by the far end venue are the responsibility of the applicant.***

*On behalf of the Applicant, I acknowledge that, pursuant to the Evidence (Video and Audio Links Fees and Expenses) Regulations 1999 (WA) the Applicant is liable to pay the fees for this request, in accordance with the following schedule::*

<b>Item</b>	<b>Matter</b>	<b>Fee</b>	<b>Payment Due</b>
1.	Booking fee r. 2(1)) – (a) for intrastate link (b) for interstate link or overseas link	\$151.00 \$223.00	Payment required to secure booking* (non-refundable)
2.	Fee per hour, or part of an hour, the link was used (r. 3)	\$118.00	Within 30 days after the use of the video link**

3.	All telecommunication charges incurred by the Court		Within 30 days after the use of the video link**
----	---	--	--

*\*A non-refundable booking fee will be charged to secure the booking.*  
*\*\*Any applicable administration and telecommunication charges will be calculated and invoiced separately to the booking fee following the use of the video link and are payable within 30 days after the use of the video link.*

(Signed) \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

**COURT USE ONLY**

<b>AVL Room Booking</b>	<input type="checkbox"/> Room G1 <a href="mailto:4813@vc.dotag.wa.gov.au">4813@vc.dotag.wa.gov.au</a> / 9492 4813 / <a href="tel:48131673048102">4813@167.30.48.102</a> <input type="checkbox"/> Room 1.2.3 <a href="mailto:4814@vc.dotag.wa.gov.au">4814@vc.dotag.wa.gov.au</a> / 9492 4814 / <a href="tel:48131673048102">4813@167.30.48.102</a>
<b>Link Locations</b>	Near End (Court location): _____ Far End: _____
<b>Booking Fee</b>	<input type="checkbox"/> Intrastate (within WA) \$151.00 <input type="checkbox"/> Interstate/Overseas \$223.00
<b>Administration Fee (\$118.00 per hour or part thereof)</b>	Calculated on total time used, rounded up to the nearest hour. Administration times: _____ to _____ Total time: _____ _____ hours @ \$118.00 per hour. <b>Total Cost \$</b> _____
<b>Invoice</b>	Total Amount: \$ _____ Invoice number: _____ Date invoice issued: _____ Date paid: _____
<b>Test Call</b>	Test required? <input type="checkbox"/> Yes <input type="checkbox"/> No     Test completed? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date: _____ Time: _____  <b><u>Outcome:</u></b> Audio Quality: _____ Video Quality: _____ Other Comments: _____ _____ _____

**DISTRICT COURT OF WESTERN AUSTRALIA**  
*TRANSCRIPT ORDER FORM – LAST PORTION OF THE DAY*

Case Number \_\_\_\_\_/\_\_\_\_

State/CDPP/Plaintiff \_\_\_\_\_

v

Accused/Defendant \_\_\_\_\_

I \_\_\_\_\_, counsel for the  
State/CDPP/Plaintiff/Accused/Defendant hereby request an electronic copy of the  
last portion of the transcript for the day.

Please send the transcript to the following email address:

\_\_\_\_\_

This form is to be submitted to the associate to the presiding judge no later than the  
commencement of the trial. Please note there is no need to submit this form for  
each day of the trial.

\_\_\_\_\_

Counsel signature

/ /

## DISTRICT COURT OF WA

## INTERPRETER BOOKING REQUEST

To: Senior Court Support Officer, Customer Service, District Court

Email: [courtservicesdc@justice.wa.gov.au](mailto:courtservicesdc@justice.wa.gov.au)*This form is to be used by all persons requiring an interpreter for any District Court hearing, including circuit sittings.**It is the responsibility of the person making the request for an interpreter to give the Court the notice set out in the Consolidated civil and criminal procedures, Language Services Guidelines. This form must be completed for each person requiring an interpreter and filed prior to each hearing. Failure to do so may result in no interpreter being available.*

<b>Details of Proceedings</b>	Court file no: _____ Party Names: _____ -v- _____
<b>Details of Applicant</b>	Party requesting interpreter : _____ Name of person making request: _____ Organisation/Firm : _____ Address: _____ Tel No: (Office) _____ (Mob): _____ Fax No: _____ Email: _____ Your ref: _____
<b>Details of person for whom the interpreter is required</b>	Name: _____ Language: _____ Dialect: _____ Accused <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Civilian Witness <input type="checkbox"/> Police Officer <input type="checkbox"/> Expert Witness <input type="checkbox"/> Any other information (including as to conflicts of interest) _____ _____ _____
<b>Details of hearing</b>	Date of ____ / ____ / 20 Time of Hearing ____ : ____ am/pm (WA time) Est. duration ____ hrs/days Location _____ Trial <input type="checkbox"/> Sentencing <input type="checkbox"/> Trial Listings Hearing <input type="checkbox"/> Directions Hearing <input type="checkbox"/> Other comments: _____ _____
<b>Agreement to pay fees (civil cases only)</b>	<i>On behalf of the Applicant, I agree to pay the State of Western Australia the following fees for this request, within 30 days an invoice being rendered :</i> <ul style="list-style-type: none"> <li>• Daily rate or part thereof</li> <li>• All reasonable travel costs for interpreters being booked for outside the metro area.</li> </ul> <i>The Court will provide an estimate of the fees before confirming the booking. The Court does not add any administration fee, but passes on the fees charged by its service providers. Once the booking has been arranged, the Court will issue an invoice for a 75% deposit of the fees. Once the final fee is set, the Court will issue a further invoice for the balance or refund the unused deposit.</i>  Signed: _____ Dated ____ / ____ /20____

**COURT USE ONLY**

**Interpreter  
Details**

On Call  TIS  Booking Confirmed:  Date Confirmation Received: \_\_\_\_\_  
Name of Interpreter: \_\_\_\_\_  
Contact at Interpreter Service: \_\_\_\_\_  
Any other comments: \_\_\_\_\_  
\_\_\_\_\_

**Travel**

Travel required:  Interstate:  Outside Metro Area   
Any other comments: \_\_\_\_\_  
\_\_\_\_\_

**Invoice details  
(civil cases)**

Date invoice sent (attach copy to booking form): \_\_\_\_\_ Amount: \_\_\_\_\_  
\_\_\_\_\_ Date payment received: \_\_\_\_\_