

Leave of the court is required before a matter can be dealt with by video-link.

This form should not be filed until leave has been obtained.

DISTRICT COURT of WESTERN AUSTRALIA VIDEO LINK BOOKING FORM courtservicesdc@justice.wa.gov.au		District Court at		
		Date Lodged		
Person making the request (Applicant)	Full name			
	Organisation/Firm			
	Address			
	Telephone		Fax	
	Email address			
Case details	Case No.		Civil/Criminal	
	Parties			
Order Details	Date Order Made: _____ Judicial Officer: _____			
Is this a District Court Action?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Acknowledgment of fees for non-District Court of Western Australia and civil matters</u>	<i>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.</i>			
	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. <i>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 following fees for this request, within 30 days after use of the video link:</i> <ul style="list-style-type: none">• Booking fee of \$143.50 (intrastate) or \$213.00 (interstate or overseas).• Hourly administration fee of \$112.00 per hour or part of an hour• All telecommunication (ISDN) charges determined after video-conference conducted.• A booking fee will be charged for matters cancelled after the test call has been conducted. (Signed) _____ Date _____ / _____ /20			
Details of person to appear by video conference	Name: _____ <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			

Details of the Video Link	Date		Time (WST)	
	Duration			
	Initiating Location		Facility Name	
	Contact Name		Phone Number	
	Email address			
	ISDN Number			
	Line Speed	<input type="checkbox"/> 0384 Kbps (Standard)	<input type="checkbox"/>	_____ (other) Kbps
	IP Address			
	Comments			
	Note	The relevant contact details are set out in the Court's List of Preferred Video Link Locations. Where the far end facility is not on this list, it is the responsibility of the applicant to book and pay for this facility		
COURT USE ONLY				
Please note: This request is for the District Court's Remote Videoconferencing Rooms G-1 and 123.	<input type="checkbox"/> Room G-1 (Ground Floor Registry) IP: 4813@167.30.48.102 ISDN: 9492 4813 <input type="checkbox"/> Room 123 (Level 1) IP: 4814@167.30.48.102 ISDN: 9492 4814			
Courthouse (Initiating Location)	Date of booking: ____/____/____			
Far Site Location	Date of booking: ____/____/____			
Booking Fee (non-refundable)	\$143.50 Intrastate <input type="checkbox"/> \$213.00 Interstate/Overseas <input type="checkbox"/>			
Administration Fee	\$112.00 per hour or part thereof. Administration times: _____ to _____ hours Total time: _____ _____ hours @ \$112.00 per hour. Total Cost \$ _____			
ISDN Costs	Actual time used: _____ hours (determined after video-conference conducted) ISDN costs: \$ _____ (Including GST) ISDN costs: \$ _____ (No GST)			
Invoice	Total Amount: \$ _____:_____ Date invoice issued: _____ Invoice number: _____ Date paid: _____			
TEST Call	DONE: <u>Yes / No</u> Date: _____ Time: _____ Comments: _____			