

Application for Witness to Give Evidence via Audio Visual Link or Telephone

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, which must be indicated at the time of lodgment. 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)

In the matter of:

Hearing date:

Court location:

Offence(s):

Application lodged on behalf of:

Prosecution / Defence

I consent to this application being dealt with in Chambers: Yes / No

(If 'No') I submit it is in the interests of justice for this application to be determined in court because:

Method of giving evidence: Audio Visual Link (AVL) (*preferred*) / Telephone

Name of witness:

Interpreter required: Yes / No

If yes - language required:

The witness is: ☐ a Government Agency Witness (*pursuant to s 5BAA*)

☐ an expert in relation to (*specify, if applicable*):

☐ required to give corroborative evidence

☐ otherwise required for (*specify, if applicable*):

Estimated time of witness evidence:

Minutes / Hours / Days

Confirmation: AVL facilities are available at the following location from which the witness is able to appear to give evidence:

Nature of facilities:

☐ Jabber (*preferred*)

☐ Commercial videoconferencing facilities

☐ Skype

☐ Telephone

☐ Facetime

☐ Other (*specify, if applicable*):

I submit it is in the interests of the administration of justice for the court to grant the application for the following reason/s:

Name of applicant:

Signature:

Date:

(Informant / Government Agency Witness / Representative)

Address:

Email:

Phone:

Fax:

Attachment D

Part B *(Other party to complete – a faxed or emailed copy is sufficient)*

I **agree** to this application: Yes / No

I **do not agree** to this application for the following reason/s (*s 5B(2)*):

☐ The evidence can more conveniently be given in the courtroom, because:

☐ The direction would be unfair to a party to the proceeding, because:

☐ The person in respect of whom the direction is sought will not give evidence, because:

☐ Other:

I consent to this application being dealt with in Chambers: Yes / No

(If 'No') I submit it is in the interests of justice for this application to be determined in court because:

Name of other party:

Signature:

Date:

(Informant / Defendant / Representative)

Address:

Email:

Phone:

Fax:

Part C *(Magistrate/Office use only)*

AVL facilities are available: Yes / No

Registrar / List Clerk of the Local Court at:

Signature:

Date:

Magistrate decision: Application Granted / Refused

Magistrate:

Date:

Copy to: Registry / Prosecution