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 because:	in the interests of justice f	or this application to be determined in court	
	idence: Audio Visual Link ((AVL) (preferred) / Telephone	
Name of witness:	Mary / NI	Was discussed to I	
Interpreter required	: Yes / No	If yes - language required:	
The witness is:	☐ an expert in relation to ☐ required to give corro	y Witness (pursuant to s 5BAA) o (specify, if applicable): borative evidence r (specify, if applicable):	
Estimated time of witness evidence: Minutes / Hours / Days			
Confirmation: AVL for to appear to give even		e following location from which the witness is able	
Nature of facilities:	Jabber (preferred) (Contact may be made from multimedia @justice.nsw.gov.a for details on how to obtain this software)		
I submit it is in the in for the following rea		on of justice for the court to grant the application	
Name of applicant:			
Signature:		Date:	
(Informant / Govern	ment Agency Witness / Re	epresentative)	
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	on is sought will not give evidence, because:		
Other:			
_ 0			
I consent to this application being dealt with in	n 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 / Re	fused		
Magistrate:			
Date:			
Copy to: Registry / Prosecution			