

Annexure C

Local Court of NSW

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

[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 the Court, which must be indicated at the time of lodgement. This application, together with all relevant information, should be submitted in writing not less than 10 days before the trial date. You will be advised of the outcome of the application.

Part A (Applicant to complete)

In the matter of:

Trial date:

Court location:

Application lodged on behalf of:

Plaintiff / Defendant

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:

- an expert in relation to (*specify, if applicable*):
- required to give evidence that is unlikely to be contentious
- a Government Agency Witness ([s 5BAA](#) - *specify, if applicable*):
- otherwise required for (*specify, if applicable*):

Estimated time of witness evidence: Minutes / Hours / Days

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

Nature of facilities:

- Jabber (*preferred*)
- Skype
- Facetime
- Commercial videoconferencing suite
- Telephone
- Other (*specify, if applicable*):

I submit it is in the interests of the administration of justice for the Court to grant the application because:

Name of applicant:

Signature:

Date:

Address:

Email:

Phone:

Fax:

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:

Address:

Email:

Phone:

Fax:

Part C (magistrate/office use only)

AVL / Telephone 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 / Parties