



Transcription Order Form NT Local Court

Submission of Form			
Email	transcripts.doj@nt.gov.au		
Phone	(08) 7922 6904		
Matter Confirmation			
Name of proceedings			
Applicant			
Judge		File number	
Location		Court number	
Sitting time(s) & date(s)			
Details of Proceedings			
Nature	<input type="checkbox"/> Youth Justice Court	<input type="checkbox"/> Work Health Court	<input type="checkbox"/> Coronial
	<input type="checkbox"/> Local Court Crime	<input type="checkbox"/> Local Court Civil	<input type="checkbox"/> Other (provide details)
Other details			
Transcription Service			
Delivery	<input type="checkbox"/> Email	<input type="checkbox"/> Hard copy (collect)	\$15 / page
Invoice Details			
Company name			
Contact name		Reference to be quoted on invoice	
Contact number		Fax number	
Email			
Postal address		Postcode	
Are you a party or a legal representative for a party to the proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you ticked 'No', what is the nature / purpose of your request (e.g. private viewing, publication)?			
Terms & Conditions			
I declare that I am authorised to act on behalf of the above firm and agree that, notwithstanding any express or implied agency agreement which the firm or I may have with any third party, the above firm accepts responsibility for the payment of all accounts within 7 days of rendering of same by Epiq Australia Pty Ltd (Epiq). I agree to the following conditions:			
<ol style="list-style-type: none"> Epiq may render interim invoices progressively at appropriate stages during the running of the above matter. All interim and final invoices rendered must be paid strictly within 7 days of rendering of the invoice. Epiq may withdraw its services at any time should any of the above conditions not be complied with. Epiq is not affected by any express or implied arrangement or agreement of the ordering firm with any third party (including its client in the proceeding). The person signing this order asserts and warrants that he/she has authority to do so on behalf of the ordering firm. The ordering firm acknowledges that, upon acceptance of this order by Epiq, this order is irrevocable. 			
			I have read and accept Epiq Australia's Terms & Conditions of business <input type="checkbox"/>
Print name	Signature	Date	
Local Court Approval			
Granted / Not Granted		Signed (on behalf of)	
		Date	



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Local Court Office Use Only	
Does the request relate to a Closed Hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there applicable Supression Orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have Epiq / Local Court staff been advised of the court decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials	Date

For office use only						
Received and accepted for and on behalf of Epiq Australia Pty Ltd						
Name		Signature			Date	
Date of proceedings	Page No.	Total Pages	Cost per Page	GST pp	Date supplied	Debit note required