**Request for a free audio recording or written transcript of ACAT proceedings**

When you lodge this application with ACAT you will need to attach photocopies of any documents that support your application, for example, your Health Care Card or Notice of Representation. Photocopy both sides of the card or other document if it has writing on both sides. ACAT will contact you if more supporting information is required, eg bank statements or other financial documents.

If your application is approved, you will usually be given an audio recording of the hearing. In limited circumstances you will be given a written transcript.

You must tell ACAT if there is any change to your circumstances that alters the information you give us.

**Applicant details**

|  |  |
| --- | --- |
| Given name | Family name (surname) |
| Street address |
| Suburb | State | Postcode |
| Email address | Telephone number |

**ACAT matter details**

|  |  |
| --- | --- |
| ACAT file number: |  |
| Hearing date/s for transcript: |  |
| Are you seeking audio / written  | [ ]  audio recording [ ]  written transcript |
| If you are seeking a written transcript, please tell us why this is required, rather than an audio recording? |

**Financial details**

**Tell us if you are named on a current Commonwealth-issued:**

[ ]  Health Care Card [ ]  Pensioner Concession Card [ ]  Low Income Health Care Card

**Tell us if you are legally assisted by:**

[ ]  Aboriginal Service (NSW/ACT) Limited

[ ]  Canberra Community Law Limited, including Street Law

[ ]  Women’s Legal Centre (ACT & Region) Incorporated

[ ]  Legal Aid

**Tell us if the payment of this fee would impose hardship:**  [ ]  Yes [ ]  No

If yes, give us details of your fortnightly income and expenses, and any assets and debts.
Attach an extra page if more space is required.

|  |  |
| --- | --- |
| **Income / Assets:** | **Expenses / Debts and liabilities:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tick the applicable boxes below:

[ ]  I have attached a copy of my concession/pensioner card

[ ]  I have shown ACAT staff my digital concession/pensioner card

[ ]  I have attached a Notice of Representation or legal assistance letter

|  |
| --- |
| **Office use only:** |
| [ ]  Not granted | [ ]  Partial waiver granted | Reason / other comments: |
| [ ]  Free Audio for date/s: | [ ]  Free written transcript for date/s: |
| [ ]  Digital wallet version of current concession/pension card sighted by ACAT Staff Member |
| Signature of Registrar/Deputy Registrar: | Date: |