



Request for Video Link

Filing Details

| | |
|----------------------------|--|
| Request made on behalf of: | |
| Contact Name: | |
| Email address: | |
| Telephone: | |
| Signature: | |

Matter Details:

| | |
|----------------------|--|
| Matter Number: | |
| Applicant/Appellant: | |
| Respondent/s: | |

Participant Details

| | |
|--|--|
| Participant Name: | |
| Email address: (to be used on the day of video link) | |
| Telephone: (to be used on the day of the video link) | |
| Location Details: (where the participant is located on the day of the video link) | |
| Reason for participation via video link: (eg. expert witness, remote regional location) | |
| Link setup date: | |
| Link setup time: (Queensland time) | |

For Office Use Only

| | | | |
|----------------|--|--------------------------------|--|
| Date Received: | | Chambers advised: (initial) | |
|----------------|--|--------------------------------|--|

Contact:

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