

Sydney **A:** Level 7, 135 King St. Sydney 2000 **T:** 02 9223 9200 **F:** 02 9223 9600 **DX:** 561 Sydney **E:** sydney@lawinorder.com.au
Melbourne **A:** Level 8, 473 Bourke St. Melbourne 3000 **T:** 03 9691 7555 **F:** 03 9691 7577 **DX:** 249 Melbourne **E:** melbourne@lawinorder.com.au
Brisbane **A:** Level 6, 359 Queen St. Brisbane 4000 **T:** 07 3220 1655 **F:** 07 3220 1677 **DX:** 561 Brisbane **E:** brisbane@lawinorder.com.au

Contact Name	Firm	Telephone
Your Reference	Date	Date/Time Required (must be completed)

PLEASE ATTEND TO THE FOLLOWING (please tick)

Court	<input type="checkbox"/> Federal	<input type="checkbox"/> Supreme	<input type="checkbox"/> District	<input type="checkbox"/> Local	<input type="checkbox"/> WCC	<input type="checkbox"/> DDT	<input type="checkbox"/> AAT
	<input type="checkbox"/> VCAT	<input type="checkbox"/> Family	<input type="checkbox"/> County				
	<input type="checkbox"/> Other (please specify below)						
Please attach	<input type="checkbox"/> a Practice Note SC. GEN. 3. for any Supreme Court requests						
	<input type="checkbox"/> an Access Order for any WCC requests						
Plaintiff Number (please specify)				of			
Matter Name (please specify)				v			
We act for (please specify & tick)				<input type="checkbox"/> Plaintiff/Applicant	<input type="checkbox"/> Defendant/Respondent		

(Access was granted/produced on subpoena (please specify below) e.g. 21 / 10 / 04)

 / / /

Please photocopy the following documents (please specify below)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

SPECIAL INSTRUCTIONS (please specify below)
