

File number:
 Date of filing...../...../.....

REGISTRY:

.....
 Applicant

.....
 Respondent

.....
 Other party (if applicable)

Repeat as necessary for additional parties

Notice of Request to Inspect in accordance with Federal Circuit Court Rule 15A.13(1)(c)

I (print name **and** law firm if appropriate) certify that:

1. (select one box only)

I am the solicitor on record for this matter and I issued the subpoena/s in respect to this notice / or I have a letter of authorisation from the solicitor on record who issued the subpoena, or

I am a party to these proceedings and I issued the subpoena/s in respect to this notice (for parties, photo identification is required).

2. The following subpoena has been issued in the Federal Circuit Court of Australia. Please complete the following details – one *Notice of Request to Inspect Form* for **each subpoena you wish to inspect**.

Person subpoenaed	Date issued	Date served	Who the subpoenaed material relates to.	Date of Production	Medical records Yes / No

3. The date for the production of the subpoena listed in point 2 above has passed.
 (Note: This form **WILL NOT BE ACCEPTED** for filing until after the date of production.)

4. All parties, the independent children’s lawyer (if appointed) and all interested persons have been served a copy of the subpoena listed in point 2 above. Details of that service are as follows:

Name of person served	Date and means of service

5. No notice of objection has been received by myself / the solicitor on record in respect to the above subpoenas.

(WARNING: The information contained in this document is provided in lieu of an affidavit of service. Issuing parties MUST BE ABLE TO provide the Court with proof of service if required.)

Signed:

Date:/...../.....

OFFICE USE ONLY	
Was an objection lodged in respect of this subpoena?	YES / NO
Is this person the issuing party or the solicitor on record?	YES / NO
Did you decide that the document referred to in point 2 above could be released for inspection – Rule 15A.13(1)(c). (If no, provide reason)	YES / NO View /view and copy
Name & Signature of Officer approving the Notice of request to inspect (please print)	Date of decision / /