

Access to Court Records Request Form:   
**Accident Compensation Tribunal Cases**

# Access to Accident Compensation Tribunal Case Files 1930 - 1993

Use this form to request access to Accident Compensation Tribunal (A.C.T) case files from 1930-1993.

Before completing this form you are encouraged to visit the County Court Melbourne Registry and search the electronic records available there to locate the file number of the case you require. Files from 1960 – 1983 are available electronically and do not require a request form to access.

If you are seeking access to a Workers Appeal Board file, please contact WorkSafe Victoria for assistance.

Hard copy files will be made available for inspection at the Registry counter. Files cannot be removed from the Registry, but any part of the file can be photocopied ([fees apply](https://www.countycourt.vic.gov.au/forms-and-fees/fees-and-costs-civil-proceedings)), scanned and saved onto a USB stick, or photographed. There is no cost for scanning.

You will be contacted by Registry staff when the file you have requested is available for inspection. Files will only be made available for two weeks.

The search fee must be paid prior to the file being released for inspection. Details of current fees can be obtained from the [County Court website](https://www.countycourt.vic.gov.au/fees).

Please return your completed form via email to [civil.counter@countycourt.vic.gov.au](mailto:civil.counter@countycourt.vic.gov.au) or in person at the Registry counter, 250 William Street, Melbourne.

# Case Details

|  |  |
| --- | --- |
| **A.C.T File Number and Year:** |  |

|  |  |
| --- | --- |
| **Name of Worker:** |  |

|  |  |
| --- | --- |
| **Name of Employer:** |  |

# Your Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Given name:** |  | **Last name:** |  |

|  |  |
| --- | --- |
| **Organisation** (if applicable)**:** |  |

|  |  |
| --- | --- |
| **Contact phone number:** |  |

|  |  |
| --- | --- |
| **Email address:** |  |

I am requesting this file as:

|  |  |
| --- | --- |
|  | **The legal representative of the worker or employer** |
|  | **The worker or employer in this case** |
|  | **Other**  Please specify: |

# Request Details

**I wish to access:**

Application

Answer

Award

Insurance Company

# Payment Details (office use only)

|  |  |
| --- | --- |
| **Payment Date:** |  |

|  |  |
| --- | --- |
| **Receipt Number:** |  |