

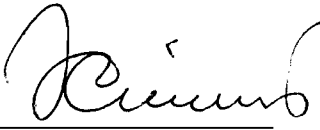
Ref: _____ - _____
YEAR REF No.**ABSENCE FROM COURT DUE TO ILLNESS**
OTSUSTVO SA SUDA ZBOG BOLESTIDetainee / Pritvorenik

I, the undersigned, hereby declare that:
Ja, dolje potpisani, izjavljujem da:

I am unable to attend court proceedings on this date due to illness.
Danas nisam u stanju prisustvovati suđenju zbog bolesti.

I have discussed the matter with my counsel.
Razgovarao sam o ovome sa svojim advokatom odbrane.

I understand that I have a right to be present at all trial proceedings against me, however I waive my right to be present in court on this date and give my consent for the proceedings to continue in my absence but in the presence of my counsel.
Razumijem da imam pravo prisustvovati svim sjednicama suđenja protiv mene, međutim odričem se tog prava danas i dajem svoje dopuštenje da se sudski postupak nastavi u mome odsustvu, ali u prisustvu mog advokata odbrane.

Jovan SPOVIK  Date 10.7.2017
(PRINT NAME) (SIGNATURE) Datum
(IME I PREZIME ŠTAMPANIM) (VLASTORUČNI POTPIS)(SLOVIMA)

Ref: 2017 - 13
YEAR REF No.

Principal Officer

I confirm receipt of this form from J. Stankovic at 10.15hr
(DETAINEE NAME) (TIME)

If the form is unsigned:

- The detainee refuses to sign.
- The detainee appears unable to sign due to his illness.
- The detainee is unable to sign due to his inability to contact counsel.

Other comments: _____

V. Es _____ [Signature] _____ 10-07-2017
(PRINT NAME) (SIGNATURE) (DATE)

UNDU Medical Service (Questions 1, 2, 4 and 5 must be answered)

- 1 I confirm that I have examined the detainee named on the preceding page.
- 2a I confirm that he has observable symptoms which indicate that he may feel too unwell to attend court.
- 2b I confirm that he has no observable symptoms with which I can judge whether or not he is too unwell to attend court.
- 3 This appears to be a serious illness which will require further investigation.
- 4a Including today, I assess that he will require a 2 day absence before he should be fit to attend court once more, or
- 4b I assess that this illness will require an extended period of convalescence.
- 5a The MO has been consulted,
- 5b The MO has seen the detainee,
- 5c The MO will see the detainee today,
- 5d The MO will see the detainee during his next visit.
- 6 Other comments: _____

Re. 5: More than one option may be selected.

M. Melom _____ Nurse _____ [Signature] _____ 10-7-17
(PRINT NAME) (PRINT FUNCTION) (SIGNATURE) (DATE)



**TRANSMISSION SHEET FOR FILING OF DOCUMENTS WITH THE
MECHANISM FOR INTERNATIONAL CRIMINAL TRIBUNALS/
FICHE DE TRANSMISSION POUR LE DÉPÔT DE DOCUMENTS DEVANT LE
MÉCANISME POUR LES TRIBUNAUX PÉNAUX INTERNATIONAUX**

I - FILING INFORMATION / INFORMATIONS GÉNÉRALES

To/ À :	MICT Registry/ <i>Greffe du MPTI</i>	<input type="checkbox"/> Arusha/ <i>Arusha</i>	<input checked="" type="checkbox"/> The Hague/ <i>La Haye</i>
From/ De :	<input type="checkbox"/> Chambers/ <i>Chambre</i>	<input type="checkbox"/> Defence/ <i>Défense</i>	<input type="checkbox"/> Prosecution/ <i>Bureau du Procureur</i> <input checked="" type="checkbox"/> Other/ <i>Autre</i> : Registry
Case Name/ Affaire :	Prosecutor v. Stanisic and Simatovic	Case Number/ Affaire n° :	MICT-15-96-T
Date Created/ Daté du :	10.07.2017	Date transmitted/ Transmis le :	10.07.2017
Original Language / Langue de l'original :	<input checked="" type="checkbox"/> English/ <i>Anglais</i>	<input type="checkbox"/> French/ <i>Français</i>	<input type="checkbox"/> Kinyarwanda <input type="checkbox"/> B/C/S <input type="checkbox"/> Other/ <i>Autre</i> (specify/préciser) :
Title of Document/ Titre du document :	UNDU Memorandum		
Classification Level/ Catégories de classification :	<input checked="" type="checkbox"/> Unclassified/ <i>Non classifié</i>	<input type="checkbox"/> Ex Parte Defence excluded/ <i>Défense exclue</i>	
	<input type="checkbox"/> Confidential/ <i>Confidentiel</i>	<input type="checkbox"/> Ex Parte Prosecution excluded/ <i>Bureau du Procureur exclu</i>	
	<input type="checkbox"/> Strictly Confidential/ <i>Strictement confidentiel</i>	<input type="checkbox"/> Ex Parte R86(H) applicant excluded/ <i>Art. 86 H) requérant exclu</i>	
		<input type="checkbox"/> Ex Parte Amicus Curiae excluded/ <i>Amicus curiae exclu</i>	
		<input type="checkbox"/> Ex Parte other exclusion/ <i>autre(s) partie(s) exclue(s)</i> (specify/préciser) :	
Document type/ Type de document :	<input type="checkbox"/> Motion/ <i>Requête</i>	<input type="checkbox"/> Submission from parties/ <i>Écritures déposées par des parties</i>	<input type="checkbox"/> Indictment/ <i>Acte d'accusation</i>
	<input type="checkbox"/> Decision/ <i>Décision</i>	<input checked="" type="checkbox"/> Submission from non-parties/ <i>Écritures déposées par des tiers</i>	<input type="checkbox"/> Warrant/ <i>Mandat</i>
	<input type="checkbox"/> Order/ <i>Ordonnance</i>	<input type="checkbox"/> Book of Authorities/ <i>Recueil de sources</i>	<input type="checkbox"/> Notice of Appeal/ <i>Acte d'appel</i>
	<input type="checkbox"/> Judgement/ <i>Jugement/Arrêt</i>	<input type="checkbox"/> Affidavit/ <i>Déclaration sous serment</i>	

II - TRANSLATION STATUS ON THE FILING DATE/ ÉTAT DE LA TRADUCTION AU JOUR DU DÉPÔT

<input checked="" type="checkbox"/> Translation not required/ <i>La traduction n'est pas requise</i>					
<input type="checkbox"/> Filing Party hereby submits only the original, and requests the Registry to translate/ <i>La partie déposante ne soumet que l'original et sollicite que le Greffe prenne en charge la traduction :</i> (Word version of the document is attached/ <i>La version Word est jointe</i>)					
<input type="checkbox"/> English/ <i>Anglais</i>	<input type="checkbox"/> French/ <i>Français</i>	<input type="checkbox"/> Kinyarwanda	<input type="checkbox"/> B/C/S	<input type="checkbox"/> Other/ <i>Autre</i> (specify/préciser) :	
<input type="checkbox"/> Filing Party hereby submits both the original and the translated version for filing, as follows/ <i>La partie déposante soumet l'original et la version traduite aux fins de dépôt, comme suit :</i>					
Original/ Original en	<input type="checkbox"/> English/ <i>Anglais</i>	<input type="checkbox"/> French/ <i>Français</i>	<input type="checkbox"/> Kinyarwanda	<input type="checkbox"/> B/C/S	<input type="checkbox"/> Other/ <i>Autre</i> (specify/préciser) :
Translation/ Traduction en	<input type="checkbox"/> English/ <i>Anglais</i>	<input type="checkbox"/> French/ <i>Français</i>	<input type="checkbox"/> Kinyarwanda	<input type="checkbox"/> B/C/S	<input type="checkbox"/> Other/ <i>Autre</i> (specify/préciser) :
<input type="checkbox"/> Filing Party will be submitting the translated version(s) in due course in the following language(s)/ <i>La partie déposante soumettra la (les) version(s) traduite(s) sous peu, dans la (les) langue(s) suivante(s) :</i>					
<input type="checkbox"/> English/ <i>Anglais</i>	<input type="checkbox"/> French/ <i>Français</i>	<input type="checkbox"/> Kinyarwanda	<input type="checkbox"/> B/C/S	<input type="checkbox"/> Other/ <i>Autre</i> (specify/préciser) :	

Send completed transmission sheet to/ *Veuillez soumettre cette fiche dûment remplie à :*

JudicialFilingsArusha@un.org OR/OU JudicialFilingsHague@un.org

Rev: April 2014/Rév. : Avril 2014