| Courts Probation Jury Self Help/Forms Care Home Media Request for Expanded Media Coverage Name of media group (required) KOB TV Name of person making request (required) Devin Neeley Title of person making request (required) Bureau Chief Phone number (required) Email address (required) Counsel phone number (if represented) Counsel email address (if represented) Bute of proceeding (required) 8/15/2017 Time of proceeding (required) 8/15/2017 Time of proceeding (required) Advisement Advisement Case number (required) 1/2r343 Case name (required) | Search | |
|--|--|-----|
| Request for Expanded Media Coverage Name of media group (required) KOB TV Name of person making request (required) Devin Neeley Title of person making request (required) Bureau Chief Phone number (required) Email address (required) Name of counsel (if represented) Counsel phone number (if represented) Bute of proceeding (required) 8/15/2017 Time of proceeding (required) 4 2 100 PM Case number (required) 17cr343 Case name (required) | ers Media Administrat DATE FILED: August 1: | |
| Name of media group (required) KOB TV Name of person making request (required) Devin Neeley Title of person making request (required) Bureau Chief Phone number (required) Email address (required) Email address (required) Name of counsel (if represented) Counsel phone number (if represented) Counsel phone number (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 \heartsuit : 00 \heartsuit PM \heartsuit Type of proceeding Advisement \bigtriangledown | e e e e e e e e e e e e e e e e e e e | - / |
| Name of media group (required) KOB TV Name of person making request (required) Devin Neeley Fite of person making request (required) Bureau Chief Phone number (required) Simail address (required) Simail address (required) Counsel phone number (if represented) Counsel email address (if represented) Pate of proceeding (required) 8/15/2017 Fine of proceeding (required) 4 V 10 YPM Case number (required) 17cr343 Case name (required) | | |
| Name of person making request (required) Devin Neeley Title of person making request (required) Bureau Chief Phone number (required) Email address (required) Email address (required) Mame of counsel (if represented) Counsel phone number (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 $eoldooloolooloolooloolooloolooloolooloolo$ | | |
| Devin Neeley Title of person making request (required) Bureau Chief Phone number (required) Email address (required) Name of counsel (if represented) Counsel phone number (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 ♀ : 00 ♀ PM ♀ Type of proceeding Advisement ♀ : ♥ | | |
| Title of person making request (required) Bureau Chief Phone number (required) Email address (required) Name of counsel (if represented) Counsel phone number (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 2 0 PM Case number (required) 17cr343 Case name (required) | | |
| Bureau Chief Phone number (required) Email address (required) Email address (required) Name of counsel (if represented) Counsel phone number (if represented) Counsel email address (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 ee : 00 ee PM ee Type of proceeding Advisement ee Case number (required) 17cr343 Case name (required) | | |
| Phone number (required) Email address (required) Name of counsel (if represented) Counsel phone number (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 \bigvee : 00 \bigvee PM \bigvee Type of proceeding Advisement \bigvee Case number (required) 17cr343 Case name (required) | | |
| Email address (required) Name of counsel (if represented) Counsel phone number (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 | | |
| Name of counsel (if represented) Counsel phone number (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 | | |
| Name of counsel (if represented) Counsel phone number (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 | | |
| Counsel phone number (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 · : 00 PM Type of proceeding Advisement Case number (required) 17cr343 Case name (required) | | |
| Counsel phone number (if represented) Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 | | |
| Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 | | |
| Counsel email address (if represented) Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 | | |
| Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 ♥ 2 00 ♥ PM ♥ Type of proceeding Advisement ♥ Case number (required) 17cr343 Case name (required) | | |
| Date of proceeding (required) 8/15/2017 Time of proceeding (required) 4 ♥ 2 00 ♥ PM ♥ Type of proceeding Advisement ♥ Case number (required) 17cr343 Case name (required) | | |
| 8/15/2017 Time of proceeding (required) 4 ♥ : 00 ♥ PM ♥ Type of proceeding Advisement ♥ Case number (required) 17cr343 Case name (required) | | |
| 8/15/2017 Time of proceeding (required) 4 ♥ : 00 ♥ PM ♥ Type of proceeding Advisement ♥ Case number (required) 17cr343 Case name (required) | | |
| Time of proceeding (required) 4 2 00 PM Type of proceeding Advisement Case number (required) 17cr343 Case name (required) | | |
| 4 ♥ : 00 ♥ PM ♥ Type of proceeding Advisement ♥ Case number (required) 17cr343 Case name (required) | | |
| Type of proceeding Advisement Case number (required) 17cr343 Case name (required) | | |
| Advisement Case number (required) 17cr343 Case name (required) | | |
| Case number (required) 17cr343 Case name (required) | | |
| 17cr343 Case name (required) | | |
| 17cr343 Case name (required) | | |
| | | |
| | | |
| Mark Redwine advisement | | |
| Court type (required) | | |
| County | | |

| County (required) | | | - 1 |
|---|--------------|----------------|------|
| La Plata | \checkmark | Search | Subr |
| Type of Expanded Media Coverag | e | | |
| Audio Video Still Photography | | | |
| | | Court Use Only | |
| Granted | | Denied | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Description of the pooling arrangements required by Chapter 38, Rule 3, Section 5(B), including identity of the designated representatives.

Will be happy to provide digital files to other outlets for pooling of need be.

Certificates of Service: provide the names and contact information, including email address when available, used to serve this EMC request on the District Attorney, counsel for the Defendant and other media organizations involved in this request. Note: EMC requests will not be considered by the Court if service on the parties is incomplete.

Today's Date (required)

8/15/2017

✓ I agree with the criteria set forth in Chapter 38, Rule 3, as well as all orders, rules, restrictions, or limitations issued or imposed by the court relating to expanded media coverage, including the provision requiring EMC applications to be submitted at least 24 hours in advance of the court proceeding in question. Under certain circumstances, judges may consider requests filed less than 24 hours in advance.

important announcement

contact us · interpreters · faq · photos · holidays