

**REQUEST FOR COPY OF DIGITAL RECORDING OF COURT
PROCEEDINGS
COUNTY COURT – ALL CASE TYPES
DISTRICT COURT – ONLY DOMESTIC (DR), CIVIL (CV),
CRIMINAL (CR) ***

DATE OF REQUEST: _____

CASE NUMBER: _____

DATE AND TIME OF HEARING: _____

CASE NAME (CAPTION): _____

COURTROOM/DIVISION: _____ LENGTH OF HEARING: _____

NAME: _____

ADDRESS: _____
Street
Apt/Suite#
City
State
Zip

TELEPHONE NUMBER: _____

I am a party or attorney in the case. I am NOT a party to the case (complete statement below)

I request the audio to be provided electronically via OneDrive.

I request the CD be mailed to my address listed above

I request that you contact me at the telephone number above and I will pick up the CD in person

Non-Party Statement describing the reason for request *:

CD's can only be produced for County Court cases, and certain District Court cases (DR, CV, CR only) *. The cost is \$35.00 and payment must be cash only. A CD of the request will be available within 10-14 days (after approval by Administrative Authority or designee, if required) and will be mailed to the name and address herein unless otherwise requested above.

* Pursuant to CJD 2005-03, "any requests for transcripts from persons or entities who are not parties to the case must be forwarded to the district administrator or chief judge prior to the court reporter agreeing to arrangements to furnish a copy." Any requests for digital recordings from persons or entities who are not parties to the case must include a statement describing the reason for the request with the completed form for designee review.

FOR COURT USE ONLY	
Number of Hearings: _____ Digitally Recorded: _____	Fee Authorization/Payment Amount: <u> \$ </u> _____ Authorized by: _____ MUST BE APPROVED BY JUDICIAL ADMINISTRATION
<div style="background-color: yellow; padding: 2px;">Section above MUST be completed before payment shall be collected.</div>	Date of Deposit/Satisfactory Payment Arrangements: DATE: _____ AMOUNT PAID: _____

