**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: SIGNATURE:

[ ]  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. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** 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 \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 or credit card 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.

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|  **FOR COURT USE ONLY** |
| Number of Hearings: \_\_\_\_\_\_\_\_Digitally Recorded: \_\_\_\_\_\_\_\_\_ | Fee Authorization/Payment Amount: \_$\_\_\_\_\_\_\_\_\_\_\_Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MUST BE APPROVED BY JUDICIAL ADMINISTRATION** |
| Section above MUST be completedbefore payment shall be collected.  | Date of Deposit/Satisfactory Payment Arrangements:**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****AMOUNT PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |