

Request for Expanded Media Coverage

The name of media group: _____

Person making request: _____

Contact information (address, fax): _____

Name, address, fax of counsel (if represented): _____

Date of request: _____ Date of proceeding: _____

Time of the proceeding	Case No.	Case title
_____ a.m/p.m.	_____	_____

The type of expanded media coverage requested:	Designated Representative
_____ audio	_____
_____ video	_____
_____ still photography	_____

Description of the pooling arrangements required by section (5)(B), including the identity of the designated representatives:

Requests must be submitted at least one day prior to the proceeding as outlined in Rule 2 (submitting requests five days prior to the proceeding is appreciated to allow for response time) Submit to (clerk of the court) _____.

- ___ Attached are certificates of service which reflect service on the District Attorney, counsel for Defendant and all other media organizations which have previously filed requests for the same proceeding.
- ___ I agree to comply with all relevant orders and all criteria set forth in [Rule 2](#).

Signature _____, Title _____ Date _____