

Date: _____

REQUEST FOR A COPY OF A DIGITAL AUDIO RECORDING

Reason for Request: _____

Style of Cause: _____

File Number(s): _____

Publication Ban(s): _____

Date of Proceedings (ONLY ONE DATE PER REQUEST): _____

Court Proceedings:

☐ Civil

☐ Criminal

Court Type:

☐ Supreme

☐ Territorial

☐ Small Claims

☐ Youth Criminal Justice

Name of Justice, Judge or Justice of the Peace:

☐ Chief Justice

☐ Chief Judge

☐ Deputy Judge

☐ Justice

☐ Judge

☐ J/P

Recording Type:

☐ Full

☐ Excerpt

Specify: _____

(Reasons, Testimony, Submissions, other, etc...)

Party: ☐ Yes ☐ No

Requested by: _____

(name)

Email Address: _____

Phone Number: _____

Office Use Only

ENSURE THAT THE REQUEST COMPLIES WITH COURT ACCESS GUIDELINES

Courtroom/Boardroom

☐ Courtroom 1

☐ Courtroom 2

☐ Courtroom 3

☐ Courtroom 4

☐ Courtroom 5

☐ Supreme Court Boardroom

☐ Court Circuit: _____

☐ Territorial Court Boardroom

(name of community)

Recording Times:

From: _____

To: _____

☐ Request Approved

☐ Request Denied

Judge's Signature

Date

Clerk's Name

Recording delivered by:

☐ SFT

☐ USB

☐ Other: _____

Date Completed