

## REQUEST FOR RECORDINGS

I request the recorded proceedings of the below-entitled case. (Please allow ten working days for record.)

\_\_\_\_\_  
Name of Defendant/Plaintiff

\_\_\_\_\_  
District Court Case No.

\_\_\_\_\_  
Date of Hearing

\_\_\_\_\_  
Room No. of Hearing

Record to be:  Picked up by Requestor       Mailed to Requestor

MAIL TO THE FOLLOWING ADDRESS (additional \$1.00 for mailing):

Requestor name – PLEASE PRINT

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

### DUPLICATION FEES

*Please note- If you select the CD option you will only receive an audio file*

Duplication of CD (AUDIO ONLY)      \$10.00 each CD  
+ \$1.00 if mailed

USB Thumb Drive (AUDIO & VIDEO)      \$12 each USB  
+ \$1.00 if mailed

NSF Checks      \$35.00