

IN THE DELAWARE MUNICIPAL COURT, DELAWARE COUNTY, OHIO

Justice Center • 70 North Union Street, Delaware, Ohio 43015 • Voice: 740.203.1500 • Facsimile: 740.203.1599 • www.municipalcourt.org

State of Ohio

*

Plaintiff(s)

vs.

CASE NO: * _____
**Request for Copy(ies) of Audio-Video
Recording of Court Proceeding**

*

Defendant(s)

1. *The undersigned requests one _____ copy(ies) of the audio/video recording of the following proceeding(s) herein:

<u>Date</u>	<u>Scheduled Time for Proceeding</u>	<u>Courtroom</u>
_____	_____	A B C
_____	_____	A B C
_____	_____	A B C
_____	_____	A B C

2. *Delivery. Prepare copy(ies) for distribution as shown [check at least one of the following]:

- [] one _____ copy(ies) for pick up at Clerk's office by: [] the undersigned [] _____.
- [] one _____ copy(ies) for pick up from attorney mail box at court.
- [] one _____ copy(ies) to be sent in pre-addressed, postage paid mailer submitted with this request.
- [] one _____ copy(ies) to be sent to address shown, \$5.00 fee enclosed (in addition to media fees) for mailer & postage.
- [] one _____ copy(ies) for the Clerk to include in the case file. [Appellate court may require printed transcript.]

3. *Media. The following is submitted with this request (multiple proceedings, up to full day of testimony fit on one disk)

- [] \$5.00 per copy requested, total: \$_____, (in addition to mail-delivery fee, if any) per court cost schedule.
- [] _____ blank recordable DVD disk(s) in lieu of \$5/copy fee. [submit at least one disk per copy requested].

*X

Signature of person making request
Attorney for [] Plaintiff [] Defendant [] Prosecutor

SCN

*

Print name

*

Street address

*

Telephone (voice)

Facsimile

*

City, State Zip

email

*Line/area must be completed.

Copies of audio/video recordings are normally completed within 3 business days of receipt of request. Written request must be hand delivered or sent by mail/fax to the court clerk. If the proceeding requested is part of multi-case docket proceeding, a recording of entire court session may be provided. Recordings are made in Windows Media Audio/Video (.wma) format.

Return. On _____, 20____, I copied the original recording of the requested proceeding(s) and

- [] mailed one _____ copy(ies) to the address above provided.
- [] placed one _____ copy(ies) in requesting attorney's court mailbox.
- [] submitted to Clerk's office [] one _____ copy(ies) for pick-up [] one _____ copy(ies) for inclusion in case file.
- [] notified requesting party/attorney by [] telephone [] email [] fax [] _____

Bailiff

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Receipt. On _____, 20____, I acknowledge receipt of one _____ DVD disk(s) requested herein.

X

Print name

Request for Copy of Audio/Video Recording of Court Proceeding