

**FOURTH JUDICIAL DISTRICT COURT
COURT LOCATION _____
REQUEST FOR COPY OF AUDIO RECORD**

| | |
|---|---|
| _____ Plaintiff(s)/Petitioner(s), vs. _____ Defendant(s)/Respondent(s). | Case No.: _____ Hearing/Trial Date(s): _____ _____ Judge: _____ Courtroom No.: _____ |
|---|---|

Costs: Compact Discs: \$10.00 for up to a half-day hearing. A mailing fee will be applied if you request the CD(s) be mailed to you.
 eMailed MP3 File: \$10.00 for up to a half-day hearing.
 Audio requests may take up to 10 days to complete.
 Payment must be made in advance, and may be set up on the court's website to pay online.
If CDs are not picked up within 30 days, any pre-paid amount may be forfeited and the CDs destroyed.

NAME: _____

ADDRESS: _____

DAYTIME PHONE: (_____) _____

SIGNATURE _____ DATE _____

EMAIL ADDRESS _____

CD DELIVERY METHOD: (select one)

I will pick up the CD(s) at the court.

Please mail the CD(s) to me at the address indicated to the left. *(mailing fee applies)*

FORMAT REQUESTED: (select one)

MP3 FORMAT - AUDIO CD
(up to a half-day hearing per CD; plays on ordinary CD player or computer)

MP3 FORMAT - EMAILED
(up to 25 MB per eMail, please include eMail address to the left)

THE RECORD PLAYER FORMAT
(up to 20-22 hrs. per CD; plays on computer only with specific software)

If no selection is made, AUDIO CD will be used.

FOR COURT USE ONLY

| | | | |
|---|--------|---|--------|
| Beginning Time: | CtRm#: | TOTAL cost for CDs: | (+) \$ |
| Ending Time: | | TOTAL cost for eMailed File: | (+) \$ |
| Atty for Plaintiff: | | Mailing fee total: | (+) \$ |
| Atty for Defendant: | | Pre-paid amount total: | (-) \$ |
| Date Completed: | By: | TOTAL DUE: | \$ |
| Date Mailed: | By: | Paid in full on: | |
| Date Called: | By: | ACKNOWLEDGMENT OF RECEIPT | |
| Final Notice: | By: | I verify that I received the above requested CD(s). | |
| <input type="checkbox"/> Audio is unavailable for this hearing/trial. The proceedings were transcribed by a Court Reporter. | | Signature: | |
| | | Date: | |

****Attorneys must eFile this form in the appropriate case.
 If unrepresented by counsel, please eMail this form to: recordingrequest4th@utcourts.gov