

Marion County Circuit Court
REQUEST FOR AUDIO RECORDING

Today's date: _____

Requestor's Name: _____ Phone number: _____

How would you like the recording returned to you? Pick up Mailed (\$3.00 fee per disc must be paid)
Please complete address section if you would like the recording mailed to you.

Requestor's Address: _____

City: _____ State: _____ Zip code: _____

For Attorney use only:

Bar number: _____

Are you court appointed? Yes No. You will need to submit payment with your request.

Do you work for the DA, DOJ or other State/Marion County Agency? Please list: _____

Do you have a signed Protective Order on file? Yes No (One must be submitted to keep on file)

Case #: _____ Case Name: _____

Hearing/Trial Date(s) and time (A \$10 fee is due per hearing/trial): _____

- If requesting multiple hearings/trials, do you want them on separate discs or one disc? (Please note that this does not change the cost of the recordings.) Separate discs One disc

Court room/Judge/location (if known): _____

Comments: _____

Clerk's notes: HAVE THE PROPER FEES BEEN PAID? Yes No DO WE HAVE A SIGNED PROTECTIVE ORDER? Yes No

Have you logged the CD in the book? Was the requester notified that their CD is ready?

This form must be accompanied by payment or else your request will not be processed.