## **Request to Cover Courtroom Proceedings**

For Instructions see SLR 3.181

http://www.courts.oregon.gov/Douglas/Pages/localcourtrules.aspx

Name of Radio/TV Station or Newspap	per:
Address:	
Name of Contact Person:	
Phone:	
Names of Authorized Representatives:	
Type of Coverage:  Audio Record Photographic Television	•
Case:	
Judge:	
Date(s) Coverage Requested:	
station/newspaper will abide by the Unit	ee that any authorized representative of my form Trial Court Rules 3.180 & the Local County Circuit Court relating to media coverage
	Signature
Approved:	Date
Disapproved:	
Signature of Judge	
Date	

Affidavit of Service

STATE OF OREGON )	
) SS. County of Douglas )	
l,	first duly sworn say that I am
I served a true copy of Request to Cove	r Courtroom Proceedings on(Date)
(Case Na	ame and Number)
. (Name and address of atto	
• • • • • • • • • • • • • • • • • • • •	envelope addressed as above and ate Post Office on(Date)
☐ By handing said copy of th	e Request to Cover Courtroom proceedings to
. (Name of attorney(s) or parties se	erved) on (Date)
	Signature
	Olgi lataro
Subscribed and sworn to before me this , 201	day of
<u> </u>	Notary Public of Oregon My Commission Expires: