Court Audio-Video Equipment Request Form

Case Name: _____

Case Number: _____

Scheduling Information

Date: _____ Time: _____ Courtroom: _____

Contact Information

Name: _____ Organization: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Requested Equipment:

- ☐ VCR Player
- ☐ Audio Tape Player (Cassette)
- ☐ Laptop (audio/video files player)
- ☐ CD Player
- ☐ DVD Player

Signature

I understand that this document must be completed and submitted at least two court days in advance. I acknowledge that any changes to scheduling information or requested equipment require the submission of an amended form at least two court days prior to the scheduled date. I further understand that this request does not guarantee the availability of equipment and is subject to approval by Court Administration,

Name (printed): _____ Signature: _____

Date: _____

For Court Administration Use Only

Date: _____ ☐ Approved ☐ Denied

Reason: _____
