



## COURT AUDIO-VIDEO EQUIPMENT REQUEST FORM

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

### Scheduling Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Requested Equipment

VCR Player

CD Player

Audio Tape Player (Cassette)

DVD Player

Laptop (audio / video files player)

### Comments

### Signature

**I understand that that this document must be complete and submitted at least 2 court days in advance. Changes to scheduling information or requested equipment requires the submission of an amended form at least 2 court days prior to the scheduled date.**

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_