



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

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: _____