

Request for Audio Recording

Today's date: _____

Requestor's Name: _____ Phone number: _____

How would you like the recording returned to you?

Pick up Mailed Emailed

Please complete address section if you would like the recording mailed or emailed to you.

Requestor's Address: _____

City: _____ State: _____ Zip code: _____

Requestor's Email Address: _____

Case #: _____ Case Name: _____

Hearing/Trial Date(s) and time (fees are charged per day): _____

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: _____

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: _____

Who do you represent in this case? _____

Payment by Check: please submit a check to cover the cost of providing the audio per request. If you do not know the exact amount for payment, send a blank check payable to the "State of Oregon" and in the memo line, write "Not to Exceed" and an amount you believe will cover the cost of the audio recording, such as "Not to exceed \$30". Records staff will then fill in the exact amount and send a receipt to you along with your audio recording.

Payment by Credit Card: please fill out the information below. *Note: We do not accept American Express*

Name on the Credit Card _____

Credit Card Number _____ Expiration Date _____ CCV _____

Clerk's notes:

Have the proper fees been paid? Yes No N/A

Have you logged the Audio in the online log? Yes No

Was the requester notified that their Audio is ready? Yes No

Have you updated Audio Log with pick-up information? Yes No