

# 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 Newspaper: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Names of Authorized Representatives: \_\_\_\_\_

Type of Coverage:  Audio Recording  
 Photographic  
 Television

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

Judge: \_\_\_\_\_

Date(s) Coverage Requested:	
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I have read, understood and agree that any authorized representative of my station/newspaper will abide by the Uniform Trial Court Rules 3.180 & the Local Supplementary Rule 3.181 for Douglas County Circuit Court relating to media coverage in the courtroom.

\_\_\_\_\_  
Signature

Approved: \_\_\_\_\_

\_\_\_\_\_  
Date

Disapproved: \_\_\_\_\_

\_\_\_\_\_  
Signature of Judge

\_\_\_\_\_  
Date

Affidavit of Service

