JACKSON COUNTY CIRCUIT COURT

Audio Request Form

After payment, allow five (5) working days to complete request

TO BE COMPLETED BY THE PERSON MAKING THE REQUEST:

Today's Date:			Case Number:					
Name:			(Case Name:				
Address:								
			Т	Proceeding Information				
			Date(s):			HOPHI	auon	
Phone Number:				Type:				
Phone Number:				Start Time:				
# of CDs to be copied:				End Time:				
Copies to be:			<u> </u>					
☐ Picked up at th	e Public Room Window on th	e 1 ^s	st floor	of the Ju	stice l	Buildin	g (100 S. Oakdale Ave)	
	ıvenile Court Clerk's office in							
	fnot living in Jackson County					0 ()	,	
	ress as above	,,						
Email Address*:					Costs:			
			h.c			9.00 each, if sent electronically 10.00 each CD, if picked up in-person		
(*if party wants email address kept confid			\$13.			oo each CD, if mailed		
not write email address on form)			\$0.25 each page for printed logs					
	<u>Officia</u>	l U	se Oı	ıly				
Request Taken By:		In	Initials:			#	Cost:	
Judge:	idge:		CDs to be Copied:					
Courtroom:	ourtroom: Co		ourt Log Pages:					
Recorder:					То	tal:		
To be Completed After Copies are Made:			To be Completed by Accounting:					
Completed by:								
Completed Date:								
Notification:			Pick	Up/Em	ail:			
Date:				Emailed				
Initials:				Picked up by:				
☐ In Person								
☐ Left Message				Date: _				

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