

APPENDIX OF FORMS

Form 3.181 – Public Access Certificate

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF LINCOLN

In re Public Access Coverage:

CERTIFICATE

I, _____, represent _____
and I desire to provide public access coverage in the following case:

Case Name: _____

Case Number: _____

I make the following representations:

1. I have read and will comply with UTCR 3.180.
2. I have read and will comply with Lincoln County Circuit Court's SLR 3.181.
3. I understand my permission to provide public access coverage can be immediately withdrawn if:
 - a. I violate the above described rules;
 - b. I violate any limitations imposed by the Court under the rules; or
 - c. The Court orders termination of the coverage.

Date

Signature

Printed Name