15th Judicial District REQUEST FOR AUDIO DUPLICATION

(FILL FORM OUT COMPLETELY BEFORE SUBMITTING)

Date:		COOS		CURRY	
FTR format: used	SELECT WHICH FO in computers with free FTR dov crosoft compatible codec =appr	vnload = app		ours of audio	
Person Requestin	ng Audio:				
Address (if mailin	g):				
Phone (if not long	g distance):				_
Case Number:					
Case Name:					
Courtroom	Hearing Date & Type (List each date separately)		Hearing Time: (To be filled out by the court)		
				to	
				to	
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	PER DISC PLUS SHIPPING QUEST MUST BE PAID IN F ED.				
Private Party Reque State Agency Reques PD Request(no cost i	st(no cost)	Paid \$		_ Date Paid	
Request received by:					

FORWARD FORM TO THE TRANSCRIPT COORDINATOR FOR PROCESSING.

ALLOW A MINIMUM OF 5 BUSINESS DAYS FOR REQUEST TO BE COMPLETED.