

## Request for Audio Recording

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 copying, and certification or exemplification if requested. If you do not know the exact number of copies to be made, 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 copies, such as "Not to exceed \$25." Records staff will then fill in the exact amount and send a receipt to you along with your copies.

**Payment by Credit Card:** please fill out the information below,

*\* We do not accept American Express.*

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CCV Code \_\_\_\_\_ Name on the Credit Card \_\_\_\_\_