

AUDIO CD REQUEST FORM			
1. ORDERING PARTY		2. DAYTIME PHONE NUMBER	3. DATE REQUESTED
4. SHIPPING ADDRESS		5. CITY	6. STATE
			7. ZIP CODE
ORDER (Entire hearing will be provided unless otherwise specified)			
CASE NUMBER		CASE NAME	PRESIDING JUDGE
Date of Proceeding:		Comments:	
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Completed CD should be: <input type="checkbox"/> Mailed to the above address <input type="checkbox"/> Held at the Clerk's Office for pick-up			
<input type="checkbox"/> COMPACT DISC - CD (audio only) (\$34.00)		NO. OF COPIES REQUESTED	COSTS
<input type="checkbox"/> CERTIFICATION (\$12.00)			
PAYMENT: Payment must be submitted with this form. Questions about total amounts due should be directed to the Clerk's Office prior to submission of this request.		Miscellaneous Charges: (if applicable)	
8. SIGNATURE		9. DATE	PROCESSED BY:
ORDER RECEIVED ON:		TOTAL CHARGES	
TYPE OF PAYMENT: <input type="checkbox"/> Credit card <input type="checkbox"/> Cash <input type="checkbox"/> Check/money order			
ORDERING PARTY NOTIFIED TO PICK UP CD ON:		CD MAILED TO ORDERING PARTY ON:	