

Request for Reproduction of Hearing

CD hearings can only be requested by mail or in-person

| Customer's Name: | | | | | |
|---|---------------------------------------|--------------|--------------|--|--|
| Customer's Phone Nu | mber: | | | | |
| Customer's Email Address: | | | | | |
| Transcriber Email Address (if requesting copy of upload to Transcriber): | | | | | |
| Case Caption: | | Case Number: | Case Number: | | |
| Choose one format for | r each request: | | | | |
| □ FTR - Transcriber format □ .MP3 | | | | | |
| Choose one delivery method: | | | | | |
| □ Electronic Delivery: \$25.00 <i>per cause number ordered</i> | | | | | |
| □ CD: \$25.00 per CD (72 min .MP3/72 hours FTR=700mb) + \$10.00 postage/handling fee required for mail requests or provide a self-address stamped envelope to return the CD (s) and not pay the \$3.00 postage fee (\$7.00 handling still applies). | | | | | |
| If ordering a CD, you may be charged \$25.00 per additional CD's for multiple day hearings/trials if your request will not fit on one CD. If ordering electronic delivery, there is no limit to the size of the recordings. | | | | | |
| \Box Expedite for \$30.00 (fee is in addition to the CD cost). | | | | | |
| Address to mail your CD (s) | | | | | |
| | | | | | |
| If you want to pick up your CD (s), please select the Clerk's location: | | | | | |
| Date of Hearing | Digital Record # or Room # | Start Time | End time | | |
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King County Courthouse 516 Third Avenue Room E609 Seattle, WA 98104-2386 Maleng Regional Justice Center 401 Fourth Avenue North Room 2C Kent, WA 98032-4429 Clark Children & Family Justice Center 1211 East Alder Room 3015 Seattle, WA 98122-5598

| Date of Hearing | Digital Record # or Room # | Start Time | End Time |
|-----------------|-------------------------------|------------|----------|
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Use back of page for additional space to add hearings

<u>Clerk use only below this line:</u>

Date delivered/mailed to customer:

Signature_____

By Clerk: _____

Date Received by DJA: _____

Receipt Number: _____ Amount Paid: \$_____

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