

**FOURTH JUDICIAL DISTRICT COURT  
COURT LOCATION \_\_\_\_\_  
REQUEST FOR COPY OF AUDIO RECORD**

_____ Plaintiff(s)/Petitioner(s),  vs.  _____ Defendant(s)/Respondent(s).	Case No.: _____  Hearing/Trial Date(s): _____  _____  Judge: _____ Courtroom No.: _____
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**Costs:** Compact Discs: \$15.00 for up to a half-day hearing. A mailing fee will be applied if you request the CD(s) be mailed to you.  
 eMailed MP3 File: \$15.00 for up to a half-day hearing.  
 Audio requests may take up to 10 days to complete.  
 Payment must be made in advance, and may be set up on the court's website to pay online.  
**If CDs are not picked up within 30 days, any pre-paid amount may be forfeited and the CDs destroyed.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DAYTIME PHONE: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**CD DELIVERY METHOD: (select one)**

I will pick up the CD(s) at the court.

Please mail the CD(s) to me at the address indicated to the left. *(mailing fee applies)*

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**FORMAT REQUESTED: (select one)**

**MP3 FORMAT - AUDIO CD**  
*(up to a half-day hearing per CD; plays on ordinary CD player or computer)*

**MP3 FORMAT - EMAILED**  
*(up to 25 MB per eMail, please include eMail address to the left)*

**THE RECORD PLAYER FORMAT**  
*(up to 20-22 hrs. per CD; plays on computer only with specific software)*

*If no selection is made, AUDIO CD will be used.*

**FOR COURT USE ONLY**

Beginning Time:	CtRm#:	TOTAL cost for CDs:	(+) \$
Ending Time:		TOTAL cost for eMailed File:	(+) \$
Atty for Plaintiff:		Mailing fee total:	(+) \$
Atty for Defendant:		<b>Pre-paid amount total:</b>	(-) \$
Date Completed:	By:	TOTAL DUE:	\$
Date Mailed:	By:	Paid in full on:	
Date Called:	By:	<b>ACKNOWLEDGMENT OF RECEIPT</b>	
Final Notice:	By:	I verify that I received the above requested CD(s).	
<input type="checkbox"/> Audio is unavailable for this hearing/trial. The proceedings were transcribed by a Court Reporter.		Signature:	
		Date:	

**\*\*Attorneys must eFile this form in the appropriate case.  
 \*\*If unrepresented by counsel, please eMail this form to: recordingrequest4th@utcourts.gov**