

REQUEST FOR EXTENDED MEDIA COVERAGE IN COURT

Date: _____

Organization: _____

Contact name: _____

Contact #: _____

Contact email: _____

Case #: _____

Plaintiff/Defendant: _____

Hearing date: _____

Assigned Judge: _____

What type of extended coverage is being requested:
____ Live texting ____ Still photos ____ Live broadcasting ____ Filming for later broadcasting
____ Other (please be specific): _____

If this request is being made less than 7 days prior to hearing, please state reason why:

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For Judge: ____ Approved ____ Disapproved

For Court Admin use only:
Date and time received: _____ Received by: _____
Organization selected as pool, if required: _____