

**ELECTRONIC RECORDING REQUEST FORM**

**CONTACT INFORMATION AND REQUEST DETAILS**

*To be completed and approved by the department/attorney requesting transcript*

Date of Request	_____	Need by Date	_____
Expedite	_____	Case Number	_____
Case Name	_____	Date of Hearing	_____
Type of Proceeding	_____	Dept/Courtroom	_____
Name of Judge	_____		_____
Reporter	<u>Electronic Recording</u>		_____
Requested By	_____	Phone Number	_____
Your Dept / Agency	_____		_____
Approved By	_____		_____

Additional Information

**FOR USE BY COURT STAFF**