

TAPE ORDER

1. NAME		2. PHONE NUMBER		3. DATE	
4. MAILING ADDRESS		5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER	9. CASE NAME		DATES OF PROCEEDINGS		
		10. FROM		11. TO	
12. PRESIDING JUDICIAL OFFICIAL		LOCATION OF PROCEEDINGS			
		13. CITY		14. STATE	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
NON-APPEAL		CIVIL		BANKRUPTCY	
		IN FORMA PAUPERIS		OTHER (Specify)	
16. TAPE REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which duplicate tape(s) are requested.)					
PORTION (S)		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				TESTIMONY (Specify Witness)	
OPENING STATEMENT (Plaintiff)					
OPENING STATEMENT (Defendant)					
CLOSING ARGUMENT (Plaintiff)				PRE-TRIAL PROCEEDING (Specy)	
CLOSING ARGUMENT (Defendant)					
OPINION OF COURT					
JURY INSTRUCTIONS				OTHER (Specify)	
SENTENCING					
BAIL HEARING					
17. ORDER					
REFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A STANDARD CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND		NO. TAPES		NO. COPIES	
				COSTS	
UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND					
UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 15/16 INCHES PER SECOND					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional) upon completion of the order.		ESTIMATE TOTAL			
18. SIGNATURE		19. DATE			
PROCESSED BY		PHONE NUMBER			
ORDER RECEIVED	DATE	BY	DEPOSIT PAID		
DEPOSIT PAID			TOTAL CHARGES		
TAPE DUPLICATED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TAPE			TOTAL REFUNDED		
PARTY RECEIVED TAPE			TOTAL DUE		

(All previous editions of this form are cancelled and should be destroyed.)

DISTRIBUTION:

COURT COPY

ORDER RECEIPT

ORDER COPY