REQUEST FOR COPY OF AUDIO/VIDEO RECORD OF COURT PROCEEDING

Please fill out completely and save to your device. Submit payment and email the receipt along with this request to: cdrequests@clark.wa.gov

Today’s date: April 24, 2020

Case Name:       vs

Case Number:

Judge/Commissioner:

Date(s) of Proceeding(s) Requested:

Name of Party Requesting Record:

Mailing address:

Phone number:

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TO BE COMPLETED BY JUDICIAL ASSISTANT

Date Request Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept # \_\_\_\_\_\_\_\_\_\_\_\_

CD mailed on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notified requestor via \_\_\_\_\_\_\_\_\_\_\_\_\_