## **REQUEST FOR EXPANDED MEDIA COVERAGE**

Name of media group:  Person making request:  Contact Information:  Name, address, fax of counsel (if represented):			
		Date of request:	Date of proceeding:
		Courtroom:	Time of proceeding:
		Case Number:          Case Title:	
Type of expanded media coverage requested	Designated Representative		
Audio - YES or NO			
Video - ☐ Yes or ☐ NO Still Photography - ☐ YES or ☐ NO			
Requests must be submitted at least one day prior request 5 days prior to the proceeding is apprecia	or to the proceedings as outlined in Rule 3, (submitting ated to allow for response time).		
Submit request to the Traffic/Civil Clerks' Office i Sessions clerks' Office, room 160, 520 W. Colfax	in Room 135, 1437 Bannock Street or Criminal/General Avenue.		
	flect service on the District Attorney or City Attorney, the all other media organizations which have previously filed		
I agree to comply with all relevant orders and	all criteria set forth in Rule 3.		
Signature:	Title:		