

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	

Description of the pooling arrangements required by Section (5)(B), including the identity of the designated representatives:

Requests must be submitted at least one day prior to the proceedings as outlined in Rule 3, (submitting request 5 days prior to the proceeding is appreciated to allow for response time).

Submit request to the Traffic/Civil Clerks' Office in Room 135, 1437 Bannock Street or Criminal/General Sessions clerks' Office, room 160, 520 W. Colfax Avenue.

_____ Attached are certificates of service which reflect service on the District Attorney or City Attorney, the defendant or counsel for the defendant and all other media organizations which have previously filed request for the proceeding.

_____ I agree to comply with all relevant orders and all criteria set forth in Rule 3.

Signature: _____

Title: _____