**Cowlitz County Clerk's Office**
312 SW First Avenue, Room 233
Kelso, WA 98626
Phone: 360-577-3016

# Request for Recording of Courtroom Proceeding

Please print or write clearly. Inaccurate or illegible information may delay your request. Allow 2 weeks for processing.

| **Today's Date:** | **Requestor's Name:** |
|---|---|
| **Requestor's Phone Number:** | **Requestor's Email Address:** |

| **Case Number:**<br><br>Note: Submit a separate request for additonal case numbers. | **Case Title:** *(John Doe vs. Jane Doe)* |
|---|---|

**Requested Format: (Choose one)**

☐ Dropbox - $25.00 ☐ USB Thumb Drive – $25.00

☐ CD (Audio Only) - $25.00

**Note:** Additional fees may apply if request is extensive. If ordering a CD, you will be charged an additional $25.00 per CD for multi-day hearings/trials if your request will not fit on one CD.

☐ Expedite Request – $30.00 (in addition to base cost)

**Requested Delivery: (Choose one)**

**Dropbox**

☐ Delivery Email Address: _____

**Thumb Drive & CD**

☐ Pick up in office

☐ Mail – $10.00 postage fee will apply.

Mailing Address: _____

_____

**NOTICE:** Dropbox links are valid for 14 days from completion. Files must be downloaded and stored locally if you want access beyond the 14 days. CD or thumb drive requests not picked up within 14 days will be destroyed. After the 14 day period, you will be required to submit a new request and pay associated fees.

| Date and Time of Hearing | Courtroom/Judicial Officer |
|---|---|
| 1. | |
| 2. | |
| 3. | |

**IMPORTANT:** If the request is regarding an appeal to the Court of Appeals, DO NOT USE this form. This form is for non-appeal requests. Instead use the form titled Appellate Request for Recording of Courtroom Proceeding.

**Submit this request in person or by mail to Cowlitz County Clerk, 312 SW First Avenue, Room 233, Kelso, WA 98626, or by email to clerksearchrequests@cowlitzwa.gov.**

I agree that the information provided will not be used for commercial purposes and will not be resold by myself or by any organization I represent. I will protect the information from access by anyone who may use it for commercial purposes.

_____ _____

Requestor Signature Date

CLERKS OFFICE USE ONLY

Date Received: _____ Received By: _____ Amount Paid: _____ Receipt #: _____

Date Completed: _____ Completed By: _____ Via: _____