

## **REQUEST/NOTIFICATION FOR COURTROOM AUDIO/VISUAL PRESENTATION EQUIPMENT**

Party(s) must submit this form no less than 5 court days before the hearing. Do NOT submit any audio/visual materials or exhibits with this request, you will be contacted with a date and time to come to the court and test your equipment before the hearing. You must bring your materials in on the date and time scheduled.

Attorney/Agency Name:	Requestors Name:		
Phone Number: () -	Cell Phone Number: () -		
Email Address:			
	Alternate Phone Number: () -		
se Information			
Case Number:	Case Name:		
uipment Request			
Date(s) required:	Start Time: End Time:		
Type(s) of Equipment:			
□ Nomad Multimedia Unit w/ Large So	creen		
Functions Needed			
Overhead Projector	Telephonic Polycom Unit		
□ VCR/VHS Player	Large Mobile Easel		
□ DVD Player	□ Other:		
□ CD Player	□ Other:		
Number of 120V power outlets required			
	uests not listed above:		
Describe any additional equipment req			

Internal Use Only			
Received By:	Date & Time:		
Testing Completed By:	Date & Time:	Location:	