



**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.**

**Requestor's Information**

Attorney/Agency Name: \_\_\_\_\_ Requestors Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Case Information**

Case Number: \_\_\_\_\_ Case Name: \_\_\_\_\_

**Equipment Request**

Date(s) required: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
**Type(s) of Equipment:**  
 Nomad Multimedia Unit w/ Large Screen  
**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 for your equipment: \_\_\_\_\_  
Describe any additional equipment requests not listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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