

VIDEO TAPE DUPLICATION REQUEST

This Form Must Be Completed In Its Entirety By Requestor

Date: _____

Requested By: _____ Telephone: _____

Address: _____

Style Of Case: _____

Case No.: _____ VCR No.(s): _____

Division No. _____

Digital Reference: Date / Time (Beginning To End): _____

Date Of Hearing(s): _____

Certification For Appeal: _____ Yes _____ No

You will be contacted when tape duplication is completed.

Fee Paid: _____

Completion Date: _____

Signature

CC: Circuit File / District Packet - Original
Video Record File - Copy