

**TAPE ORDER**

Read Instructions on Next Page.

1. NAME		2. PHONE NUMBER		3. DATE	
4. MAILING ADDRESS			5. CITY		6. STATE
			7. ZIP CODE		
8. CASE NUMBER		9. CASE NAME		DATES OF PROCEEDINGS	
				10. FROM	
				11. TO	
12. PRESIDING JUDICIAL OFFICIAL			LOCATION OF PROCEEDINGS		
			13. CITY		14. STATE
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
NON-APPEAL		CIVIL		IN FORMA PAUPERIS	
BANKRUPTCY					
OTHER (Specify)					
16. TAPE REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which duplicate tape(s) are requested.)					
PORTION (S)		DATE(S)		PORTION(S)	
				DATE(S)	
<input type="checkbox"/> VOIR DIRE				TESTIMONY (Specify Witness)	
OPENING STATEMENT (Plaintiff)					
OPENING STATEMENT (Defendant)					
CLOSING ARGUMENT (Plaintiff)				PRE-TRIAL PROCEEDING (Specy)	
CLOSING ARGUMENT (Defendant)					
OPINION OF COURT					
JURY INSTRUCTIONS				OTHER (Specify)	
SENTENCING					
BAIL HEARING					
17. ORDER					
REFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A STANDARD CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND			NO. TAPES		COSTS
UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND					
UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 15/16 INCHES PER SECOND					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional) upon completion of the order.			ESTIMATE TOTAL		
18. SIGNATURE			19. DATE		
PROCESSED BY			PHONE NUMBER		
ORDER RECEIVED		DATE	BY	DEPOSIT PAID	
DEPOSIT PAID				TOTAL CHARGES	
TAPE DUPLICATED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TAPE				TOTAL REFUNDED	
PARTY RECEIVED TAPE				TOTAL DUE	

(All previous editions of this form are cancelled and should be destroyed.)

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