MEDIA AGENCY *(name):*
CHANNEL/FREQUENCY NO.:
PERSON SUBMITTING REQUEST *(name):*
ADDRESS:

TELEPHONE NO.:

Insert name of court and name of judicial district and branch court, if any:

TITLE OF CASE:

NAME OF JUDGE:

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

CASE NUMBER:

MEDIA REQUEST TO PHOTOGRAPH, RECORD, OR BROADCAST

1. PORTION OF THE PROCEEDINGS TO BE COVERED *(e.g., particular witnesses at trial, the sentencing hearing, etc.):*

2. DATE OF PROPOSED COVERAGE *(specify):* . *(File this form at least five court days before the proposed coverage date. If not feasible, explain good cause for noncompliance):*

3. TYPE OF COVERAGE
   a. ☐ TV camera and recorder
   b. ☐ Still camera
   c. ☐ Motion picture camera
   d. ☐ Audio
   e. ☐ Other *(specify):*

4. ☐ SPECIAL REQUESTS OR ANTICIPATED PROBLEMS *(specify):*

5. ☐ INCREASED COSTS. This agency acknowledges that it will be responsible for increased court-incurred costs, if any, resulting from this media coverage *(estimate):* $
   ☐ Amount unknown

6. PROPOSED ORDER. A completed, proposed order on Judicial Council form MC- 510 is attached *(required by Cal. Rules of Court, rule 1.150).*

CERTIFICATION

I certify that if the court permits media coverage in this case, all participating personnel in this media agency will be informed of and will abide by the provisions of California Rules of Court, rule 1.150, the provisions of the court order, and any additional restrictions imposed by the court.

Date:

.....
(TYPE OR PRINT NAME)

(SIGNATURE)

Telephone No.:

(SUPERVISORY POSITION IN MEDIA AGENCY)

NOTICE OF HEARING (*A hearing is optional.*)

A HEARING will be held as follows:

Date:	Time:	Dept./Div.:	Room:
Address of the Court:			

Clerk, by _____ , Deputy

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