



King County

Department of Judicial Administration

Barbara Miner

Director and Superior Court Clerk

516 Third Avenue Room E609

(206) 296-9300 (206) 296-0100 TTY/TDD

Request for Copy (CD) of Digitally Recorded Hearing

DATE: _____

CLERK INITIALS: _____

Customer's Name:					
Customer's Phone Number:					
Amount Paid:			Receipt Number:		
Case Caption:			Cause Number:		
Send Audio Electronically To:					
Date of Hearing	DR Number	Start Time	End time	*Format	
				FTR (recommended)	<input type="checkbox"/>
				WAV	<input type="checkbox"/>
				FTR	<input type="checkbox"/>
				(recommended)	<input type="checkbox"/>
				WAV	<input type="checkbox"/>
				FTR (recommended)	<input type="checkbox"/>
				WAV	<input type="checkbox"/>

*****To request additional copies of hearings use second page*****

*The default listening format is FTR ("For The Record") and requires the FTR Player. The free player will be provided on the CD for you. FTR format is also known as "transcription" format. If you are submitting your CD to a transcriber, be sure to request this format.

For listening on a personal listening device, such as a CD player, we can prepare your recording in WAV format. **Be sure to clearly mark which format you are requesting.**

DATE PICKED UP: _____ **SIGNATURE:** _____

- Complete the information required in its entirety and return this form to the Copy Center.
- The required information is available on the court minutes of the hearing you wish to have copied. If you do not provide this information a \$30.00 research fee may be required.
- **FTR** format holds up to 3 days of hearings. **WAV** format holds approximately 73 minutes
- **FEES:** \$25.00 per CD per RCW 36.18.016(12)
 \$ 3.00 postage to mail your CD (upon request only) * - **OR**
 Self addressed stamped envelope appropriate for mailing CD's.
 *enter your address on the back of the form

Mail in requests are also accepted. You may mail your request to either the Regional Justice Center or the King County Courthouse location. Requests for Juvenile recordings should be mailed to the Court Clerk's Office at Juvenile Court. (See addresses below).

Seattle:
516 Third Avenue Room E609
Seattle, WA 98104-2386

Regional Justice Center:
401 Fourth Avenue North Room 2C
Kent, WA 98032-4429

Juvenile:
1211 East Alder Room 307
Seattle, WA 98122-5598

CD request continued:

Date of Hearing	DR Number	Start Time	End Time	*Format	
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>
				FTR (recommended) WAV	<input type="checkbox"/> <input type="checkbox"/>

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