



# 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 a copy of a Video (VHS) or Audio (Cassette) tape

DATE: \_\_\_\_\_

CLERK'S INITIALS: \_\_\_\_\_

<b>Customer Name:</b>			
<b>Customer Phone Number:</b>			
<b>Amount Paid:</b>		<b>Receipt Number:</b>	
<b>Case Caption:</b>		<b>Cause Number:</b>	
<b>Date of Hearing</b>	<b>Tape Number</b>	<b>Start Time</b>	<b>End Time</b>

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

DATE PICKED UP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

- Complete the information required in its entirety and return this form to the DJA Copy Center at the appropriate location (downtown Seattle, Kent Regional Justice Center and Juvenile Court) where the hearing took place.
- The required information is available on the court minutes of the hearing you wish to have copied. You will need to review the court file. If you do not provide this information a \$30.00 research fee may be required.
- Only copies of entire courtroom videotapes are provided.
- Orders will be processed (on a first-come, first-served basis) as soon as possible, and you will be contacted when it is ready to be picked up, usually within 3-5 business days. Video copying is done in "real time."
- FEES: \$10.00 per audiotaped and/or \$25.00 per video taped per RCW 36.18.016(12)  
\$3.00 postage to return video by mail (upon request only) **OR**  
Self addressed stamped envelope appropriate for mailing video tapes.

**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

**Video (VHS) and/or Audio (Cassette) tape request continued:**

Date of Hearing	Tape Number	Start Time	End Time

**Address for mailing:** \_\_\_\_\_  
\_\_\_\_\_

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