

**STATE OF CONNECTICUT JUDICIAL BRANCH
SUPERIOR COURT GEOGRAPHICAL AREA 13
111 PHOENIX AVENUE
ENFIELD, CT. 06082**

**REQUEST FOR MEDIA/ELECTRONIC COVERAGE OF COURT
PROCEEDINGS**

Directions:

1. Requester to complete form legibly & file with Clerk's Office
2. Clerk to provide copy of completed request to Judge, ASA, Public Defender or attorney for defendant and Supervising Marshal
3. Clerk to place original completed form in official court file
4. Clerk to retain a copy of the completed form in designated binder in Clerk's Office

Request Date: _____

Name of Media Organization Making Request: _____

Name of Organization's Representative: _____

Coverage Being Requested: Still Camera TV Camera Audio Recording

Name of Defendant(s): _____

Name of Arraignment Judge: _____

After articulation for the court's reasons on the record, this request is hereby

GRANTED/ DENIED.

BY THE COURT,

Date: _____