

REQUEST FOR COPY OF HEARING ON CD

Child's Name & File #: _____

Hearing Date: _____

Requesting Attorney/Party: _____

Telephone Number: _____

Email Address: _____

Mailing Address: _____

CD/Tape will be made available within 5 to 7 business days.

You will be notified when the CD is ready to be picked up.

Receiving Clerk's Initials: _____ **Receipt #:** _____

A cost bill will be mailed to the address provided if the requested CD is not picked up within two (2) weeks of the request.

Received by: _____

Date received: _____