



DISTRICT COURT OF MARYLAND FOR

Located at

Court Address

City/County

Case No.

STATE OF MARYLAND OR

Full Name of Plaintiff(s)

vs.

Full Name of Defendant(s)

REQUEST FOR CD RECORDING / TRANSCRIPT / ELECTRONIC RECORDING

NOTE TO APPLICANT:

CD Recording

- Fee due in advance is \$15.00 per case.
• Requests are processed on a first come first served basis (no exceptions).
• Cases heard more than three (3) years ago may not be available.

Transcript

- Written transcripts are only provided in accordance with MD Rule 7-102(b).
• A \$75.00 deposit in advance is required. Transcript costs are \$3.00 per page. Any balance due will be billed to the requestor.

Electronic Recording

- Recording delivered by e-mail using Citrix ShareFile.
• Fee due in advance is \$10.00 per case.
• Requests are processed on a first come first served basis (no exceptions).
• Cases heard more than three (3) years ago may not be available.

PLEASE PROVIDE THE FOLLOWING COURT INFORMATION: (Check one box below and include information)

[] JUDGE

Trial Date Courtroom

Court Location Judge

[] DISTRICT COURT COMMISSIONER

Proceeding Date Commissioner Name

Commissioner Location

Maryland Rule 16-502 provides in part that upon written request and the payment of reasonable costs, the authorized custodian of an official recording shall make a copy of the audio recording available to any person. Unless authorized by an order of court, a person who receives a copy of an electronic recording shall not make or cause to be made any additional copy of the recording, give, or electronically transmit the recording to any person not entitled to it under subsection (g)(3) of this Rule. Maryland Criminal Procedure Article § 1-201 provides that a person may not broadcast any proceeding in a criminal matter.

By my signature, I acknowledge and agree that this recording will not be broadcasted, copied, or otherwise electronically transmitted to any person, and that any willful violation may be punishable as contempt.

REQUESTED BY:

OPTIONAL

[] Please mail to (if different from address shown on left):

Name
Street # Apt #
City State Zip
Telephone
Signature of Applicant Date

Name
Street # Apt #
City State Zip
Telephone
Signature of Applicant Date

IF ELECTRONIC RECORDING REQUESTED:

E-mail address for electronic recording information to be sent: E-mail