State of Michigan 15th Judicial District Court

301 E. Huron St., P.O. Box 8650 Ann Arbor, Michigan 48107-8650 Fax: 734.794.6753

REQUEST, NOTICE & ORDER FOR FILM & ELECTRONIC MEDIA COVERAGE OF COURT PROCEEDINGS

Case Number:

Fax: 734.794.6753 Phone: 734.794.6759	PROCEEDIN	IGS
Plaintiff(s)/Petitioner(s): ☐ People of the State of Michigan ☐	-V-	Defendant(s)/Respondent(s):
Attorney name, Bar no., address, phone no. & email address plaintiff/petitioner address, phone no. & email addressented by legal counsel:	ail address, or ess if not	Attorney name, Bar no., address, phone no. & email address, or defendant/ respondent address, phone no. & email address if not represented by legal counsel:
Case Type: ☐ Civil ☐ Criminal	Proceeding Date/Tim	e: am/pm on, 20
I request permission to □ record □ broadd following equipment:		om proceedings in this case for person(s) using the
(Requestor signature)	(Re	equest Date)
(Requestor name, typed/printed)	(Re	equestor phone)
(Organization)	(Re	equestor email)
	Notice to Parties/	Attorneys
A request to allow film or electronic media coverag the request be honored unless the judge exercises		peen filed. Supreme Court Administrative Order 1989-1 requires that d, limit or exclude the coverage.
I certify that on this date, I provided notice of this re \Box personal service \Box by ordinary mail		
(Date)	(Co	urt Administrator)
	Order	
IT IS ORDERED: this request for film or electronic ☐ granted, subject to the following conditions ☐ no equipment setup/teardown during p ☐ no photography during testimony ☐ videographer/photographer to remain v of courtroom ☐ Other: ☐ Other: ☐ Other:	s: proceedings within defined area	denied, for the following reason(s):
(Date)		dge) (Bar No.)