

GEAUGA COUNTY COURT OF COMMON PLEAS

Digital Recording Order Form

1. Complete the information below.
2. Give form to the Clerk of Court with \$10.00
3. **Return "paid" form to Magistrate's secretary.**

Case Name: _____

Case Number: _____

Hearing Date(s): _____

Hearing with MAGISTRATE _____

Name: _____

Title: _____
(Plaintiff, Defendant, Counsel for Plaintiff, etc.)

Address: _____

City, State, Zip code

Phone Number: _____

Email address: _____
(If recording size is small enough, it maybe emailed.)

Within seven (7) court days, an electronic copy of the audio recording shall be mailed to the address provided by the person requesting the electronic copy.

An audio recording will not serve as a substitute for a written transcript of proceedings as required by Geauga County Local Rule 28.

-----*internal use only*-----

Person is party or attorney of record \$10 deposit received

Clerk Initials _____