

**MONTGOMERY COUNTY COMMON PLEAS COURT
JUVENILE DIVISION**

IN RE: _____ JC# _____

IN RE: _____ JC# _____

IN RE: _____ JC# _____

Judge _____

Magistrate _____

**REQUEST FOR AUDIO
RECORDING OF HEARING**

Hearing Date(s): _____

Hearing Time(s): _____

Courtroom Number: _____

Presiding Judicial Officer (Judge or Magistrate) _____

Person Requesting: _____

Address: _____

Phone Number: _____ Date Requested: _____

PLEASE READ: A \$5.00 deposit is required at the time of request. The deposit is **not** refundable. Depending on the length of the recording(s) additional fees may apply. All fees must be paid at the time of pickup. All recordings must be picked up within 5 business days of notification of completion. Only one copy of the recording will be provided. This request will be filed with the Clerk of Court and docketed.