

**MONTGOMERY COUNTY COMMON PLEAS COURT
JUVENILE DIVISION**

IN RE: _____

JC#: _____
JC#: _____
JC#: _____

Judge: _____
Magistrate: _____

**REQUEST FOR AUDIO
RECORDING OF HEARING**

Hearing Date(s) _____

Type of Proceeding: _____

Courtroom Number: _____

Presiding Judicial Officer: _____

Reason for Request: _____

Person ordering: _____

_____ Date Requested

Address: _____

Phone Number: _____

Email Address: _____

PLEASE READ

A **\$10.00 Deposit per hearing date** is required at the time of placing an order for an audio recording. The deposit is **not** refundable. All fees must be paid in full at the time of pickup. All recordings must be picked up within 5 business days of notification of completion. One copy will be supplied to you. Your request/motion for audio recording will be filed with the clerk and docketed.

Fees are payable by cash, card or money order. Make money order payable to The Montgomery County Juvenile Court. **a minimal 2.5% processing fee will be added to all card payments.*