



Eighteenth Judicial Circuit, State of Florida
Seminole County

Criminal Justice Center, 101 Bush Boulevard, Sanford, FL 32773
 Fax: 407.665.4991 Phone: 407.665.6012



DIGITAL RECORDING REQUEST FORM

Proceedings that are confidential in nature, such as Juvenile Dependency and Delinquency, may be obtained only with a signed court order. Requests will be furnished within fourteen (14) business days from receipt of payment unless the matter was a Jury trial, which will take up to thirty (30) business days. In accordance with FS 29.0195, beginning November 1, 2010, the Digital Recording Office will adjust its digital media fee structure. The new fee will be \$15.00 (includes shipping & handling) plus a review and redaction fee of \$.38 per minute. For example, the recording of an hour-long proceeding would cost \$37.80 (\$15 fee + 60 minutes X .38 per minute). Once the request form is received, the Digital Recording Office will contact you with the cost of your order. No orders will be processed until payment is received.

Requested by:		Date of Request:	
Mailing/Billing Address:	City:	State:	Zip code:
Phone Number:	Email:		

If JAC: Court Appointed Counsel Indigent for Cost Counsel Regional Counsel

Case Style (e.g. State v. Name, Interest of Name, Name v. Name):		Case Number:
Date of Proceeding:	Time of Proceeding:	Presiding Judge/ Magistrate:
Courtouse: <input type="checkbox"/> Criminal Justice Center <input type="checkbox"/> Civil Courthouse <input type="checkbox"/> Juvenile (<i>court order must be attached</i>)		Courtroom Number / Letter:
Special Instructions:		

Agreement

The Eighteenth Judicial Circuit Court reserves all rights to the recording provided. Any unauthorized modification, enhancement or alteration to the digital recording's original format will constitute a violation of this agreement with the Eighteenth Judicial Circuit. By signing this agreement, the purchaser of the recording is agreeing to the terms and conditions herein stated; failure to comply with any portion of this agreement will result in the imposition of sanctions against the signatory.

Signature

Printed Name

Agency (if applicable)

Date Signed

Authorization (If State Attorney or Public Defender):