

EXTENDED MEDIA COVERAGE REQUEST FORM

STATE OF ILLINOIS

COUNTY

CIRCUIT COURT

PETITIONER / PLAINTIFF

v.

DEFENDANT / RESPONDENT

CASE NUMBER

Now comes, _____, who is a representative of the
_____ news media affiliate states as follows:

1. Request to use:
(Mark all that apply) Video Camera Photographic Equipment Sound Recording Equipment
Other: _____

2. The proceeding to be covered is scheduled for _____ 20____ at _____ a.m./p.m.
at the following courthouse location _____ in
courtroom _____.

3. This request is for this proceeding and all subsequent proceedings.

4. Proper notice has been given to the court media liaison, all counsel of record, and parties appearing
without counsel.

5. I request the court grant this request for extended media coverage.

The above information is true and accurate, and I understand that I am not a party in this case and the
request for media coverage cannot be appealed.

Requestor's Name (please print): _____

Signature of Requester

Media Outlet: _____

Address: _____

City, State, Zip: _____

Telephone: (_____) _____

Email: _____