

NEVADA COUNTY SUPERIOR COURT
AUDIO COURT PROCEEDINGS REQUEST

Today's Date: _____ Case Name: _____

Case Number: _____

Appearance date: _____ Approximate time case was called: _____

Department: _____ Judge Name: _____

Requestor name: _____ Requestor phone: _____

Requestor address: _____
(street) (city) (state) (zip)

I will pick up the DVD

Please mail the DVD (Self-addressed, stamped envelope must be provided)

\$15.00 Fee paid? Yes No

Submitting clerk: _____

Please allow 10 – 14 days to process your request