

## JUDICIARY OF GUAM

Administrative Office of the Courts Guam Judicial Center • 120 West O'Brien Dr • Hagåtña, Gu. 96910 Tel: (671) 475-3544 • Fax: (671) 477-3184



## MEDIA REQUEST FOR ELECTRONIC COVERAGE OF JUDICIAL PROCEEDINGS

1. Date of Request:	4. Case No.:	
2. Media Organization:	5. Title of Case:	
	6. Name of Judge (if known):	
3. Name(s) of employee(s) who will be in the	e courtroom:	
a)		
Telephone No	Telephone No	
1. Type of Hearing (e.g. magistrate, arraignment,	motion hearing, jury trial, etc.):	
2. Date and Time of Proposed Coverage (sp.		
3. Compliance Statement:	Date Time	
proceeding. For Superior Court proceedings, the	s, this request shall be submitted at least 24 hours prior to the judis request shall be submitted at least three (3) business days prior to dings, this form shall be submitted at least 24 hours prior to the judic reason(s) for noncompliance:	the
4. I request permission to record courtroom pr	oceedings using video audio still photography.	
informed of and will comply with the Judiciary of applicable court orders, and any additional instruct recording, filming, or photographing court staff, j	in this case, all participating personnel from this media organization will of Guam Rules Governing Electronic Coverage of Judicial Proceedings, as ions or restrictions imposed by the judge or the Judiciary. I acknowledge the arors, or minors is prohibited and that judicial officers may not be filmed t I may be required to edit or remove any coverage that violates these rules	ny nat or
Applicant Signature:	Dated:	
TO BE COMPLETED B	Y THE JUDGE PRESIDING OVER THE CASE:	
	ROVED DISAPPROVED	
Additional Instructions, if any:		
Judge's Signature:	Dated:	