

REQUEST FOR COPY OF COURT RECORDING

Island County Superior Court
(Physical Address) 101 NE 6th Street
(Mailing Address) 1 NE 7th Street
Coupeville, WA 98239
PHONE (360) 678-7361

Name of Case: _____

Cause Number: _____

Date of hearing or trial: _____

Check Presiding Official below or write in if hearing was in front of a Pro Tem

☐ Judge Christon Skinner ☐ Judge Carolyn Cliff ☐ Commissioner Scott Wessel-Estes

Judge Pro Tem _____

What are you requesting: (ruling, testimony, argument on motion, entire proceeding?)

Date needed: _____

Do you want an estimate of the cost? ☐ Yes ☐ No

\$25.00 per case and hearing date for electronic audio recordings; RCW 36.18.016(13); \$5.00
Mailing fee. Form of payment accepted: Cashier's check, money order, or cash.

By signing this form, you are agreeing to be personally responsible for payment of the copy of the audio recording and will render full payment to Court Administration upon submission of request.

PRINT NAME

SIGNATURE

ADDRESS

PHONE: _____

EMAIL: _____

TODAY'S DATE: _____