

**STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 17<sup>TH</sup> JUDICIAL CIRCUIT**

FILE STAMP
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\_\_\_\_\_  
V.

\_\_\_\_\_ Case No(s). \_\_\_\_\_

**REQUEST FOR  
EXTENDED MEDIA COVERAGE**

**NOW COMES** the undersigned Media Coordinator, who states as follows:

1. This request is being made on behalf of all news media organizations.
2. Extended media coverage is requested in connection with the trial or proceeding scheduled to take place on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ a.m. / p.m. at the \_\_\_\_\_ Courthouse in \_\_\_\_\_, Illinois.
3. This request for extended media coverage is for the entirety of this trial or proceeding and all subsequent hearing dates.
4. The type of extended media coverage requested is as follows (Include type of equipment and number of personnel):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. This request for extended media coverage is filed (check the appropriate box):

[ ] at least fourteen (14) days in advance of the proceeding identified above; or  
[ ] less than fourteen (14) days in advance of the proceeding identified above because \_\_\_\_\_  
\_\_\_\_\_.

6. Notice of this request needs to be provided to:

Counsel of record: \_\_\_\_\_  
Parties appearing without counsel: \_\_\_\_\_  
The court media liaison: \_\_\_\_\_.

7. I will abide by all the provisions of the Policy for Extended Media Coverage in Circuit Courts of Illinois and the 17<sup>th</sup> Circuit Court Local Rule on Extended Media Coverage and perform all duties required of me as the media coordinator.

Respectfully submitted,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Media Coordinator (Print Name)

News Media Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_