

STATE OF INDIANA  
COUNTY OF MONROE  
\_\_\_\_\_

SS:

IN THE MONROE CIRCUIT COURT  
CAUSE NUMBER:  
\_\_\_\_\_

STATE OF INDIANA VS. \_\_\_\_\_

**MEDIA COVERAGE REQUEST FOR ACCESS PURSUANT TO RULE 2.17**

MEDIA AGENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

CHANNEL (or other identifier): \_\_\_\_\_  
NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

1. PORTION OF THE PROCEEDINGS TO BE COVERED (*e.g., particular witness at trial, the sentencing hearing, etc...*):
  
2. DATE OF PROPOSED COVERAGE: \_\_\_\_\_ (*file this form at least five days before the proposed coverage date.*)
  
3. TYPE OF COVERAGE REQUESTED:  

___ Fixed camera positions	___ Audio
___ TV camera and recorder	___ Motion picture camera
___ Still camera	___ Coverage by a pool coverage
___ Other (i.e., cell phone camera/audio recording, please specify: _____)	
  
4. SPECIAL REQUESTS:
  
5. INCREASED COSTS: This agency acknowledges that it will be responsible for increased court-incurred costs, if any, resulting from media coverage.  
\$ \_\_\_\_\_

I certify that I am member of the news media as defined in Comment (2) of Indiana Code of Judicial Conduct Rule 2.17. I further certify if the court permits media coverage in this case, all participating personnel in this media agency will be informed of and will abide by the provisions of Indiana Rules of Court, Rule 2.17, the provisions of the Court Order, and any additional restrictions imposed by the Court. I understand the judge has discretion to approve or deny this request for broadcast coverage; require pool coverage; interrupt, limit, or terminate broadcast coverage at any time during the proceeding; and/or determine the appropriate location and quantity of broadcast equipment.

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_