Request To Exempt Witness(es) From Video Recording

The proceeding described below has been approved by the parties and the presiding Judge for video recording under the Judicial Conference Committee on Court Administration and Case Management Guidelines for the Cameras Pilot Project and the Court's General Order Implementing the Pilot Project.

| Case Number: - : - cv - | |
|--|----------------------------|
| Case Title: | |
| Date Of Hearing: Hearing Type: | Please Select |
| Reason For request: | |
| | |
| | |
| I hereby request that the testimony of the following witness(es) not be recorded during this proceeding: | |
| Witness Name: | eason Not To Video Record: |
| | |
| | |
| | |
| I submit and sign this form an habalf of the party I represent and the witnesses I may call | |
| I submit and sign this form on behalf of the party I represent and the witnesses I may call. | |
| Your Name: | |
| Your Email: | |
| Your Phone Number: | |
| Organization/Party Represented: | [?] |
| | |