IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF IOWA

_____, Plaintiff) Case No: _____

v.)

_____, Defendant)

PARTY RESPONSE REGARDING VIDEO RECORDING

A request has been made for the following proceeding to be video recorded under the Judicial Conference Committee on Court Administration and Case Management Guidelines for the Cameras Pilot Project in the District Courts (available at www.uscourts.gov/multimedia/cameras).

_____

(Describe proceeding.)

Date of scheduled proceeding: ___/___/_____ (mm/dd/yyyy)

Check the appropriate box(es) below and on the next page to indicate whether you consent to the recording of some or all of this proceeding:

☐ I consent to the recording of this entire proceeding.

☐ I consent to the recording of some, but not all, of this proceeding.

➔ Explain the specific parts of the proceeding for which you do not consent to recording:

_____

Indicate reason(s) not to video record (check all that apply):

☐ Proprietary Information (Trade Secret/Patent/Copyright)
☐ Confidential Financial Information
☐ Personal Medical/Psychiatric Information
☐ Non-public Figure Exposure (Embarassment/Ridicule)
☐ Other (Please explain)

_____

☐ I consent to the recording of this proceeding. The following witnesses have expressed a preference not to be recorded, for the reasons indicated.

➔ Name the specific witnesses for whom you do not consent to recording:

_____

Indicate reason(s) not to video record (check all that apply):

☐ Proprietary Information (Trade Secret/Patent/Copyright)
☐ Confidential Financial Information
☐ Personal Medical/Psychiatric Information
☐ Non-public Figure Exposure (Embarassment/Ridicule)
☐ Other (Please explain)
_____

☐ I do not consent to the recording of any of this proceeding.

Indicate reason(s) not to video record (check all that apply):

☐ Proprietary Information (Trade Secret/Patent/Copyright)
☐ Confidential Financial Information
☐ Personal Medical/Psychiatric Information
☐ Non-public Figure Exposure (Embarassment/Ridicule)
☐ Other (Please explain)
_____

I submit and sign this form on behalf of the party I represent and the witnesses I may call.

_____
Signature

_____
Name (please print)

_____
Position (e.g., attorney of record)

___/___/_____ (mm/dd/yyyy)
Date

NOTICE: DO NOT FILE FORM E2 IN CM/ECF. Save completed Form E2 to pdf and email to IASD_casemanagers@iasd.uscourts.gov .