

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

\_\_\_\_\_, Plaintiff ) Case No: \_\_\_\_\_  
v. )  
\_\_\_\_\_, Defendant )

**PARTY RESPONSE TO REQUEST FOR VIDEO RECORDING**

A request has been made for the following proceeding to be video recorded, pursuant to General Order 65 and the Judicial Conference Committee on Court Administration and Case Management Guidelines adopted herein.

\_\_\_\_\_  
(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:

Part of proceeding

Reason Not to Video Record

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Witness Name	Reason Not to Video Record
_____	_____
_____	_____
_____	_____

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

➔ Explain your reasons for not consenting:

\_\_\_\_\_

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

**This completed form should be submitted to [cameras@cand.uscourts.gov](mailto:cameras@cand.uscourts.gov). Do NOT docket this form.**