Clear Form

AO 436
(Rev. 1/87)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

TAPE ORDER

Read Instructions on Back.

1. NAME		2. PHONE NUMBER	3. DATE	
4. MAILING ADDRESS		5. CITY	6. STATE	7. ZIP CODE
8. CASE NUMBER	9. CASE NAME	DATES OF PROCEEDINGS		
		10. FROM	11. TO	
12. PRESIDING JUDICIAL OFFICIAL		LOCATION OF PROCEEDINGS		
		13. CITY	14. STATE	

15. ORDER FOR

☐ APPEAL ☐ CRIMINAL ☐ CRIMINAL JUSTICE ACT ☐ BANKRUPTCY
☐ NON-APPEAL ☐ CIVIL ☐ IN FORMA PAUPERIS ☐ OTHER (Specify)

16. TAPE REQUESTED (Specify portion(s) and date(s) of proceedings for which duplicate tape(s) are requested.)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDINGS (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☐ OTHER (Specify)	
☐ SENTENCING			
☐ BAIL HEARING			

17. ORDER

	NO. TAPES	NO. COPIES	COSTS
☐ REFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A STANDARD CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND			
☐ UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND			
☐ UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 15/16 INCHES PER SECOND			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional) upon completion of the order.	ESTIMATE TOTAL		
18. SIGNATURE	19. DATE		
PROCESSED BY	PHONE NO.		

	DATE	BY		
ORDER RECEIVED			DEPOSIT PAID	
DEPOSIT PAID			TOTAL CHARGES	
TAPE DUPLICATED			LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TAPE			TOTAL REFUNDED	
PARTY RECEIVED TAPE			TOTAL DUE	

(All previous editions of this form are cancelled and should be destroyed.)

WHITE - COURT COPY GREEN - ORDER RECEIPT PINK - ORDER COPY

Print Form

GREEN - ORDER RECEIPT