APPLICATION FOR COURT APPROVAL OF MEDIA COVERAGE

Case Name:	
Case Number:	Judge:
Requesting Organization:	
Names of <u>all</u> media representatives who	may attend the proceeding:
Type of Coverage:TelevisionStill CameraSketch ArtistAudio	a 🗌 Radio 🗌 Video
Proceeding to be covered: (Trial, Motion, Appellate Argument, Oral Argumen during recesses is requested, include "recesses.")	nt, Evidentiary Hearings, Other Hearings, etc. If coverage of activity
Dates for which coverage is requested: _	
	ive proceeding pursuant to Administrative Rule 50 as urt. I understand and agree to abide by the provisions lo. 45.
If consent of the parties is required unde	er Administrative Rule 50(c), the consents are attached.
Date	Signature of Media Representative
	Print Name and Title
Phone Number	Address Line 1
E-mail Address	Address Line 2
APP	PROVAL BY COURT
Permission for the media coverage reque Reason for denial or special restrictions in	
Date	Judge / Clerk of the Appellate Courts
	Type or Print Name
Distribution: (1) Media File; (2) Court File (TF-945 (5/15)(cs) APPLICATION / APPROVAL - MEDIA COVE	Administrative Rule 50