

Circuit Court for Harford County  
Court Reporting Office  
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REQUEST FOR COPY OF AUDIO RECORDING

DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ CASE NAME: \_\_\_\_\_  
(One case number per form)

DATE(S) OF PROCEEDING: \_\_\_\_\_ JUDGE/MAGISTRATE: \_\_\_\_\_  
\_\_\_\_\_

PREFERRED AUDIO FORMAT: \_\_\_\_\_ DIGITAL (VIA EMAIL) \_\_\_\_\_ DVD

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Are you a party or an attorney representing a party in this case? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Are you requesting this audio for Exceptions? YES: \_\_\_\_\_ NO: \_\_\_\_\_

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Date est. provided: \_\_\_\_\_ Date processed: \_\_\_\_\_ Initials of employee: \_\_\_\_\_  
Date picked up: \_\_\_\_\_ Name of individual: \_\_\_\_\_  
Case number checked against expungement database: \_\_\_\_\_