



JUDICIARY OF GUAM

Administrative Office of the Courts
Guam Judicial Center • 120 West O'Brien Dr • Hagåtña, Gu. 96910
Tel: (671) 475-3544 • Fax: (671) 477-3184



APPLICATION FOR MEDIA CREDENTIALS PRINT OR TYPE CLEARLY.

1. NAME (First, M.I., Last): _____

Date of Birth : _____ Last 4 Digits of Social Security #: _____

Name of Media Organization: _____
____Print Internet Television Radio Other: _____
(Check all that apply)

Position Title: _____ E-mail Address: _____

Business Phone #: _____ Cell Phone #: _____

2. DECLARATION OF APPLICANT:

I am employed by a media organization that regularly gathers, prepares, photographs, records, broadcasts, writes, edits, or publishes news or information about matters of public interest in any medium. I understand that I must comply with the terms of the Agreement for the Electronic Coverage of Judicial Proceedings (the "Agreement") and the Rules on Electronic Coverage of Judicial Proceedings (the "Rules"). I have read and executed the Agreement. I also understand that the Media Identification Badge is non-transferable, is the property of the Judiciary of Guam (the "Judiciary") and shall be returned to the Judiciary upon my separation from employment from my media organization.

I declare under penalty of perjury under the laws of Guam (6 GCA § 4308) that the foregoing is true and correct.

Signature of Applicant: _____ Dated: _____

3. ACKNOWLEDGMENT BY MEDIA ORGANIZATION:

The Applicant is employed by our media organization and is authorized to cover judicial proceedings at the Judiciary. I understand that the Applicant's failure to comply with the terms of the Agreement and the Rules may subject the Applicant and the media organization to sanctions as the Judiciary may deem appropriate including, but not limited to, contempt of court or cancellation or suspension of media credentials.

Name/Title of Authorized Media Organization Representative: _____

E-mail Address: _____ Business Phone #: _____ Cell Phone #: _____

Signature: _____ Dated: _____

4. NOTICE:

Upon receipt of a completed Application for Media Credentials and Agreement, if approved by the Administrator of the Courts, a Media Identification Badge shall be issued to the Applicant. The Judiciary reserves the right to revoke an Applicant's Media Identification Badge for failure to comply with terms of the Agreement and the Rules.

FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE.

Received By: _____ 1 - APPINFO 2 - DECL 3 - ACK Media ID Badge #: _____
Date: _____ 4 - AGREEMENT Issue Date: ____/____/____
Time: _____ AM/ PM Verified By: _____ Exp. Date: ____/____/____