

## 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



## MEDIA REQUEST FOR ELECTRONIC COVERAGE OF JUDICIAL PROCEEDINGS

1. Date of Request:	<ul><li>4. Case No.:</li><li>5. Title of Case:</li><li>6. Name of Judge (if known):</li></ul>	
2. Media Organization:		
3. Name(s) of employee(s) who will be in the co	urtroom:	
a)		
Telephone No	Telephone No	
1. Type of Hearing (e.g. magistrate, arraignment, m	ootion hearing, jury trial, etc.):	
2. Date and Time of Proposed Coverage (specify	iy): Date	 Time
3. Compliance Statement:		
For initial appearances in criminal proceedings, the proceeding. For Superior Court proceedings, this the judicial proceeding. For Supreme Court proceeding judicial proceeding. If this request is untimely, ind	request shall be submitted at eeedings, this form shall be sub	least three (3) business days prior to bmitted at least 24 hours prior to the
4. Certification:  I certify that if the judge permits media coorganization will be informed of and will abid Electronic Coverage of Judicial Proceedings, the restrictions imposed by the judge or the Judiciary.	le by the provisions of the J	udiciary of Guam Rules Governing
Applicant Signature:	D:	ated:
TO BE FILLED OUT BY TI	HE JUDGE PRESIDING OVI	ER THE CASE:
☐ APPROVE	D DISAPPROVED	
Additional Instructions, <i>if any</i> :		
Judge's Signature:	Da	nted: