

<b>CD COPY ORDER FORM</b>	<b>COMMONWEALTH OF MASSACHUSETTS TRIAL COURT</b>	
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Housing Court Division	<input type="checkbox"/> Boston Municipal Ct. Division	<input type="checkbox"/> Superior Court Division	<input type="checkbox"/> Juvenile Court Division	<input type="checkbox"/> District Court Division	<input type="checkbox"/> Probate & Family Court Division	<input type="checkbox"/> Land Court
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**PART I - TO BE COMPLETED BY PERSON PLACING ORDER**

NAME OF PERSON PLACING ORDER	NAME OF CASE
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MAILING ADDRESS & ZIP CODE	DOCKET NUMBER OF CASE	NUMBER OF COPIES WANTED BY THIS PERSON <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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EMAIL ADDRESS	DATES OF RECORDINGS WANTED
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PHONE NO: (    )	MOST SERIOUS CHARGE IF CRIMINAL
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<p><b><i>Is proceeding is presently pending on appeal?</i></b></p> <p><input type="checkbox"/> <b>Yes</b>; in order that multiple copies may be made simultaneously whenever possible, I certify that I have notified all other parties of this <b>request</b>.</p> <p><input type="checkbox"/> <b>No</b></p>	<p><b><i>If proceeding was not open to the public or its record has been sealed or impounded:</i></b> I certify that I have entered an appearance in this matter as:</p> <p><input type="checkbox"/> counsel for _____, party,</p> <p><input type="checkbox"/> a party appearing pro se,</p> <p>and that this copy will be used solely for an appeal, or to determine whether to appeal, in the same matter. (Copies of closed proceedings are available to other persons or for other purposes only upon motion.)</p>
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***I agree to observe all restrictions on the use of CD copies found in applicable Rules of the Trial Court***

SIGNATURE OF PERSON PLACING ORDER	DATE
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**PART II - TO BE COMPLETED BY PERSON RECEIVING ORDER**

COURT EMPLOYEE RECEIVING ORDER	COST WAIVED FOR:	
DATE ORDER RECEIVED	DATE ORDER SENT	<input type="checkbox"/> Judge <input type="checkbox"/> D.A. <input type="checkbox"/> Police Prosecutor <input type="checkbox"/> Attorney provided by CPCS <input type="checkbox"/> c. 261, §§ 27A-27G <input type="checkbox"/> Other: _____

**PART III - TO BE COMPLETED BY STAFF OF AOTC TAPE DUPLICATION CENTER**

RECEIPT STAMP	COMMENTS	
DATE RETURNED TO COURT	BY	COST (including postage)