CD COPY ORDER FORM

COMMONWEALTH OF MASSACHUSETTS
TRIAL COURT

Housing Court ☐ _____ Division	Boston Municipal Ct. ☐ _____ Division	Superior Court ☐ _____ Division	Juvenile Court ☐ _____ Division	District Court ☐ _____ Division	Probate & Family Court ☐ _____ Division	Land Court ☐

PART I - TO BE COMPLETED BY PERSON PLACING ORDER

NAME OF PERSON PLACING ORDER	NAME OF CASE	
MAILING ADDRESS & ZIP CODE	DOCKET NUMBER OF CASE	NUMBER OF COPIES WANTED BY THIS PERSON ☐ 1 ☐ 2 ☐ 3
EMAIL ADDRESS	DATES OF RECORDINGS WANTED	
PHONE NO: ( )	MOST SERIOUS CHARGE IF CRIMINAL	

Is proceeding is presently pending on appeal?

☐ **Yes**; in order that multiple copies may be made simultaneously whenever possible, I certify that I have notified all other parties of this **request**.

☐ **No**

If proceeding was not open to the public or its record has been sealed or impounded: I certify that I have entered an appearance in this matter as:

☐ counsel for _____ , party,

☐ a party appearing pro se,

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.)

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

PART II - TO BE COMPLETED BY PERSON RECEIVING ORDER

COURT EMPLOYEE RECEIVING ORDER		COST WAIVED FOR: ☐ Judge ☐ D.A. ☐ Police Prosecutor ☐ Attorney provided by CPCS ☐ c. 261, §§ 27A-27G
DATE ORDER RECEIVED	DATE ORDER SENT	☐ Other: _____

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

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