

**REQUEST FOR AUDIO RECORDING**

JD-ES-325 Rev. 1-19

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
www.jud.ct.gov**Instructions:**

1. Use this form to request copies of audio recordings of court proceedings that are publicly disclosable and have been recorded on or after November 1, 2018.
2. Complete all fields on this form. If you do not provide all the necessary information, this form may be returned to you.
3. Mail or deliver this form to one of the following:  
E-mail: [audiorequests@jud.ct.gov](mailto:audiorequests@jud.ct.gov)  
Mail: Court Transcript Services, 90 Washington Street, Hartford, CT 06106  
Fax: (860) 706-5089
4. **Do not send payment at this time. Payment will be accepted only after approval is obtained.**

**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

|   |       |   |  |
|---|-------|---|--|
| Name  |       | E-mail address  |  |
| Mailing address (Number, street, P.O. Box)            |       |   | <input type="checkbox"/> Requested audio is for official use by a state or municipal official, agency, board or commission |
| City/town   | State | Zip code  | Telephone number   |
| Delivery option for the audio recording (select one)  |       |   |  |
| <input type="checkbox"/> Mail to address listed above |       | <input type="checkbox"/> Pick up at 225 Spring Street, Wethersfield, CT 06109 at the Centralized Infractions Bureau |  |

**Information for audio recording**

|   |   |                      |
|---|---|----------------------|
| Name of case  |   | Docket number        |
| Name of Judge/Magistrate (if known)                       | Address of court (Number, street, town, and zip code) | Courtroom (if known) |
| Court date(s) requested for audio recordings (mm/dd/yyyy) |   |                      |

**Do not send payment at this time. You will be notified whether your request has been approved or denied. If approved, you will be notified of the amount due.**

**Please note: Refunds will not be issued.**

**Rate: \$20.00 per day**

(example: recordings for proceedings on July 1, July 2, and July 3 equals 3 days at \$20.00 per day for a total of \$60.00)

**Payment:** Acceptable forms of payment include cash, bank check, money order, or credit card.

Credit card orders are subject to a processing fee of 2.45% of the total amount charged or \$1.50, whichever is greater.

Personal checks are not accepted.

**Note:** Audio recordings are made available on a CD as an MP3 file. Recordings should be available within one week from Court Transcript Services receiving the order.

|        |            |             |
|--------|------------|-------------|
| Signed | Print name | Date signed |
|--------|------------|-------------|

**Do not write below this line - For Internal Office Use Only**

|   |   |                              |      |
|---|---|------------------------------|------|
| Request Approved:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No        | Amount Due:   | Signed                       | Date |
|   |   | Name/Title of Person Signing |      |
| Identification Required:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | If identification is required, name of individual authorized to pick up the recording |                              |      |