

**REQUEST FOR AUDIO RECORDING**

JD-ES-325 Rev. 1-24

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

1. Use this form or the online form located at <https://sso.eservices.jud.ct.gov/TranscriptReq/> 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.**

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: [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			
<input type="checkbox"/> E-mail (maximum length is approximately 30 minutes)			

**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: \$25.00 per day per docket number**

(example: recordings for proceedings on July 1, July 2, and July 3 equals 3 days at \$25.00 per day for a total of \$75.00)

**Payment:** Acceptable forms of payment include cash, 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.

**Note:** Audio recordings are made available on a CD as an MP3 file. Audio recordings may be e-mailed if the length does not exceed 30 minutes. Recordings should be available within one week from Court Transcript Services receiving the order.

Signed	Print name	Date signed
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**Do not write below this line - For Internal Office Use Only**

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