

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS**

_____))
_____))
vs. _____))
_____))
_____))
_____)

Gen No. _____

**OBJECTION OF WITNESS
TO EXTENDED MEDIA COVERAGE OF TESTIMONY**

NOW COMES _____, who states as follows:
(name of objecting witness)

1. Extended media coverage has been requested for the above matter.
2. I expect to be called as a witness for the above matter.
3. I object to extended media coverage of my testimony for the following reasons (please be specific):

4. This objection is filed with Clerk of the Court prior to the commencement of the trial or proceeding for which extended media coverage has been requested.
5. Notice of this objection needs to be provided to all counsel of record, parties appearing without counsel, the Media Coordinator and the Court Media Liaison.

WHEREFORE, I object to extended media coverage of my testimony.

Respectfully submitted,

SIGNATURE

Name (Print Name)

Telephone: _____

E-Mail: _____

LCR 1-4.02(C)
Appendix F