

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

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

Gen No. _____

**REQUEST FOR
EXTENDED MEDIA COVERAGE**

NOW COMES the undersigned Media Coordinator, who states as follows:

1. This request is being made on behalf of all news media organizations.
2. Extended media coverage is requested for the trial proceeding _____
scheduled to commence on _____, 20 ____ at AM PM in courtroom C- ____ at the Lake
County Courthouse in Waukegan, Illinois.
3. The type of media coverage requested is as follows (include type of equipment and number of personnel):
 Still photography: _____
 Video Recording (with existing audio recording): _____
 Audio Recording: _____
4. This request for extended media coverage is filed (check the appropriate box):
 at least fourteen (14) days in advance of the proceeding identified above; or
 less than fourteen (14) days in advance of the proceeding identified above because _____

5. Notice of this request needs to be provided to:
Counsel of record: _____
Parties appearing without counsel: _____
The Court Media Liaison: _____
6. I will abide by all the provisions of the Policy for Extended Media Coverage in Circuit Courts of Illinois and the
Nineteenth Judicial Circuit Court Local Rule on Extended Media Coverage and perform all duties required of me as
the Media Coordinator.

Respectfully submitted,

SIGNATURE

MEDIA COORDINATOR (Print Name)

News Media Organization: _____
Address: _____
Telephone: _____
Email: _____

LCR 1-4.02(C)
Appendix A