

IN THE ASHTABULA  
COUNTY COURT OF COMMON PLEAS

25 West Jefferson Street Jefferson, Ohio  
44047

Request to Broadcast, Televise, Record or Photograph a Session of the Ashtabula  
County Court of Common Pleas

The undersigned media representative requests permission on behalf of the below-  
referenced mediation organization to broadcast, televise, record and/or photograph all or a  
portion of a session of the Ashtabula County Court of Common Pleas on the date referenced  
below.

Media Representative: \_\_\_\_\_

Media Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Court session: \_\_\_\_\_ Case No. \_\_\_\_\_

Case Caption: \_\_\_\_\_

Judge: \_\_\_\_\_

Medium to be used (check all that apply):

\_\_\_\_\_ Broadcast \_\_\_\_\_ Televise \_\_\_\_\_ Record \_\_\_\_\_ Photograph

Names of Media Representative Attending Court Session (List all attending personnel)

\_\_\_\_\_

\_\_\_\_\_

I certify that I am familiar with the contents of the Rules of Court of Judge \_\_\_\_\_ and  
Rule 12 of the Rules of Superintendence of the Court of Ohio, and will strictly abide by these  
rules.

Date submitted: \_\_\_\_\_

Signature of Media Representative: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Signature of Judge