

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE

REQUEST/NOTIFICATION FOR COURTROOM AUDIO/VISUAL PRESENTATION EQUIPMENT

YOUR NAME: CONTACT NUMBER:	DATE(S) EQUIPMENT REQUIRED: START/END TIME:
RESPONSIBLE PARTY FROM YOUR OFFICE: CONTACT NUMBER:	CASE NUMBER: CASE NAME:
LOCATION EQUIPMENT IS REQUIRED: <input type="checkbox"/> OROVILLE <input type="checkbox"/> CHICO	JUDICIAL OFFICER HEARING CASE:

TYPE OF EQUIPMENT TO BE USED:			
COURT	NON Ct	<u>PROJECTION</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Overhead Projector	
<input type="checkbox"/>	<input type="checkbox"/>	tripod/Slide Projector Screen	
		<u>VIDEO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	VCR/VHS	
<input type="checkbox"/>	<input type="checkbox"/>	DVD	
		<u>TELECONFERENCING</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Teleconference TV	
<input type="checkbox"/>	<input type="checkbox"/>	Telephonic Polycom Unit (used for conference calls, up to 5 parties)	
		<u>EASEL</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Large Mobile Erase	
<input type="checkbox"/>	<input type="checkbox"/>	Large Mobile Reversible Erase	
<input type="checkbox"/>	<input type="checkbox"/>	Medium Mobile Erase <input type="checkbox"/> Small Tripod Erase	
<input type="checkbox"/>	<input type="checkbox"/>	Flip Chart Stand	
		<u>OTHER</u>	
<input type="checkbox"/>	<input type="checkbox"/>	STANDARD X-RAY VIEWER	
<input type="checkbox"/>	<input type="checkbox"/>	TV WITH PORTABLE STAND	
<input type="checkbox"/>	<input type="checkbox"/>	SMALL WOODEN POSTER STAND	
<input type="checkbox"/>	<input type="checkbox"/>	NOMAD (MULTIMEDIA UNIT) AND LARGE SCREEN	
		<small>***NOTE – NOMAD ONLY TO BE USED IF MULTIPLE FUNCTIONS NEEDED**</small>	
		FUNCTION NEEDED:	
		<input type="checkbox"/> OVERHEAD PROJECTOR	
		<input type="checkbox"/> ANNOTATION SCREEN AND PROJECTOR	
		<input type="checkbox"/> DVD w/ CD FUNCTION	
		<input type="checkbox"/> VCR	
		<input type="checkbox"/> X-RAY PROJECTION	
		<input type="checkbox"/> OTHER: _____	
		<input type="checkbox"/> OTHER: _____	
		<input type="checkbox"/> OTHER: _____	

DESCRIBE ANY INTERFACING/COMPATIBILITY REQUIREMENTS BETWEEN THE EQUIPMENT YOU WILL PROVIDE AND THE EQUIPMENT YOU ARE REQUESTING THE COURT PROVIDE:

HOW MANY POWER HOOKUPS WILL BE REQUIRED FOR ALL EQUIPMENT:

DESCRIBE ANY ADDITIONAL EQUIPMENT NOT ON THE LIST ABOVE. YOU MAY ATTACH ADDITIONAL PAGES FOR YOUR DESCRIPTION:

REQUESTOR'S SIGNATURE: _____ **DATE:** _____

INTERNAL USE ONLY

RECEIVED BY: _____ DATE: _____ SCHEDULED/ASSIGNED BY: _____ DATE: _____

TESTING DATE: _____ TIME: _____ LOCATION OF TESTING: _____ COMPLETED ON: _____ BY: _____