

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE
REQUEST FOR COURTROOM AUDIO/VIDEO/PRESENTATION EQUIPMENT

REQUESTOR INFORMATION:

Your Name:	Date(s) Equipment Required:
Contact Number:	Start Time:
Responsible Party from Your Office:	End Time:
Contact Number:	Case Number:
Location Equipment is Required: <input type="checkbox"/> BCCH <input type="checkbox"/> Chico <input type="checkbox"/> Paradise	Case Name:
	Judicial Officer Hearing Case:

DESCRIBE ANY/ALL EQUIPMENT YOU WILL BE PROVIDING AND ANY POWER HOOKUPS REQUIRED:

TYPE OF EQUIPMENT REQUESTED FROM COURT:

<p><u>Projection</u></p> <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Tripod/Slide Projector Screen	<p><u>Easel</u></p> <input type="checkbox"/> Large Mobile Erase <input type="checkbox"/> Large Mobile Reversible Erase <input type="checkbox"/> Medium Mobile Erase <input type="checkbox"/> Small Tripod Erase <input type="checkbox"/> Flip Chart <input type="checkbox"/> Tripod Flip Chart	<input type="checkbox"/> NOMAD (multimedia unit) and large screen <i>**NOTE -NOMAD only to be used if multiple functions needed**</i> 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
<p><u>Video</u></p> <input type="checkbox"/> VCR/VHS <input type="checkbox"/> DVD	<p><u>Other</u></p> <input type="checkbox"/> Standard X-Ray Viewer <input type="checkbox"/> TV with Portable Stand <input type="checkbox"/> Small Wooden Poster Stand	
<p><u>Teleconferencing</u></p> <input type="checkbox"/> Teleconference TV <input type="checkbox"/> Telephonic Polycom Unit (used for conference calls, up to 5 parties)		

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

REQUESTOR'S SIGNATURE: _____ DATE: _____

INTERNAL USE ONLY

 RECEIVED BY: _____ DATE: _____ SCHEDULED/ASSIGNED BY: _____ DATE: _____
 TESTING DATE: _____ TIME: _____ LOCATION OF TESTING: _____ COMPLETED ON: _____ BY: _____