

**KLICKITAT COUNTY SUPERIOR COURT**  
**REQUEST FOR A COPY OF A (DVD) PROCEEDING**

Certified Copies of a trial or hearing are available on DVD format from the Clerk's Office for \$25.00 per DVD, unless a party has been declared indigent. If you want a copy of a DVD of a proceeding, please complete Section 1 of this form and return it to the Clerk's office. You will be notified by phone when the DVD is ready. **If you wish to have the DVD mailed, there is a \$7.00 charge for shipping and handling for each DVD ordered.**

Section 1

Today's Date: \_\_\_\_\_

Name of case: \_\_\_\_\_

Case Number: \_\_\_\_\_

I hereby request the DVD record of the following hearings/trial and/or proceedings \_\_\_\_\_

\_\_\_\_\_

(Specify nature and DATES of requested hearings, etc.) **\*\*\*MANDATORY\*\*\***

Name of person requesting copy: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Pros. \_\_\_\_\_ Public Def. \_\_\_\_\_ Private Atty. \_\_\_\_\_ Legal Services. \_\_\_\_\_

Other. \_\_\_\_\_

Section 2

To be completed by Court / Clerk:

Date party notified to pick up DVD: \_\_\_\_\_ by: \_\_\_\_\_

Number of DVD(s): \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Amount Owing \_\_\_\_\_

Section 3

**ACKNOWLEDGMENT OF RECEIPT OF COPIED DVD**

I acknowledge receipt to the above requested DVD

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to Klickitat County Clerk  
205 S. Columbus, Room 206 Goldendale, WA 98620  
Return this form to: [superiorcourtadmin@klickitatcounty.org](mailto:superiorcourtadmin@klickitatcounty.org)  
Please put case number on your check.