



DINA L. MORRISON  
CLERK OF THE DISTRICT COURT

ALLEN COUNTY DISTRICT COURT

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**ELECTRONIC/PHOTOGRAPHIC  
MEDIA REQUEST FORM  
PURSUANT TO SUPREME COURT RULE 1001**

Date Request Received:

Oral: \_\_\_\_\_ (Oral request must be followed by a written request.)

Written: \_\_\_\_\_

Media Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Media Coverage Requested For:

Case Name: \_\_\_\_\_

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

Coverage Date(s): \_\_\_\_\_

Type of Coverage: Audio  Still Photography  Video

Comments: \_\_\_\_\_

Media Request:

Granted  Denied

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

Date Granted/Denied: \_\_\_\_\_

Request received within the seven (7) day court notification time period?

Yes  No

Comments: \_\_\_\_\_

Media Notified of Court's decision as follows: \_\_\_\_\_

\_\_\_\_\_