



DINA L. MORRISON
CLERK OF THE DISTRICT COURT

ALLEN COUNTY DISTRICT COURT

1 N. WASHINGTON AVENUE ROOM B

IOLA, KANSAS 66749

620-365-1425

FAX: 620-365-1429

EMAIL: dinamorrison@acdc.kscoxmail.com

**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: _____
