



**MAGISTRATE COURT OF FULTON COUNTY, GEORGIA**

**DIGITAL RECORDING REQUEST FORM**

Please complete all sections in order to avoid a delay in the processing your request. You may submit your request via email to [magistrate.jarequests@fultoncountyga.gov](mailto:magistrate.jarequests@fultoncountyga.gov) or mail request to Magistrate Court Administration, 185 Central Avenue, SW, Suite T-1605, Atlanta, GA 30303.

**REQUESTER INFORMATION**

Please select one:  I am a party to this case

I am not a party to this case (if you are not a party to this case, you must attach a statement to this form detailing the reason for the request).

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

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

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

Tel. Number: \_\_\_\_\_

**CASE INFORMATION**

Case Number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Case Name: \_\_\_\_\_ vs. \_\_\_\_\_

Courtroom/Hearing Time: \_\_\_\_\_ Judge: \_\_\_\_\_

Method of Delivery (*Please select one*):

Pick-up

Mail

\*Digital recordings are available for pick-up Monday through Friday between the hours of 9:00 AM and 4:00 PM in Room 1605 (Magistrate Court Administration).

OFFICIAL USE ONLY		
Date Received:	Date Submitted to Clerk:	Processed by:
Date Received From Clerk:	Date Delivered:	Delivery Method: