

United States District Court
Western District of Washington

Plaintiff(s)

Case No. _____

vs.

Defendant(s)

Party Response to Request for Video Recording

Describe proceeding:

Date of scheduled proceeding: _____

Check the appropriate box(es) below and on the next page to indicate whether you consent to the recording of some of all of this proceeding:

☐ I consent to the recording of this entire proceeding.

☐ I consent to the recording of some, but not all, of this proceeding.

Explain the specific parts of the proceeding for which you do not consent to recording, and your reasons:

Part of Proceeding

Reason Not to Video Record

☐ I consent to the recording of this proceeding. The following witnesses have expressed a preference not to be recorded, for the reasons indicated.

Name the specific witnesses for whom you do not consent to record, and explain your reasons:

Witness Name

Reason Not to Video Record

☐ I do not consent to the recording of any of this proceeding.

Explain your reasons for not consenting:

I submit and sign this form on behalf of the party I represent and the witnesses I may call.

Signature (Type an "s/" and your name)

Name

Position (e.g. attorney of record)

Date

INSTRUCTIONS: You must download Adobe Reader in order to save or print this form. Download Reader at: <http://www.adobe.com>.

TO E-MAIL FORM: Save a copy of this form to your computer and then send it as an attachment to the Courtroom Deputy for the judge in your case. For the e-mail directory, click [here](#).