



IN THE CIRCUIT COURT OF SCOTT COUNTY, MISSOURI

Division _____	Date of Request: _____
Circuit/No. _____	Amount of Deposit Collected: \$ _____
To: Stacey Naile Scott County Circuit Clerk P. O. Box 587 Benton, MO 63736	(Date File Stamp) Requesting Party Information: Name: _____ Address: _____ Telephone Number (area code _____) _____
Complete Style of Case: Case No.:	

Sound Recording Duplication Request

Note: A \$25.00 fee is required for each hearing being duplicated and is to be submitted along with this request.

Dates of Proceedings being requested:

NOTICE:

Requests received will be processed and returned within 5 - 10 business days.

For Clerk's Office Use Only

Request processed on the _____ day of _____, _____ by _____

Deposit paid in the amount of \$_____. Time required to process request _____ hrs.