



IN THE CIRCUIT COURT OF SCOTT COUNTY, MISSOURI

Division _____	Date of Request: _____	
Circuit/No. _____	Amount of Deposit Collected: \$ _____	
To: Christy M. Hency Scott County Circuit Clerk P. O. Box 587 Benton, MO 63736	Requesting Party Information: Name: _____ Address: _____ _____ Telephone Number (area code _____) _____	(Date File Stamp)
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: <i>Requests received will be processed and returned within 5 – 10 business days.</i>
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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.