



# First Judicial Circuit

Robin Wright, Court Administrator  
Jodi Crowe, Court Reporting Manager

Date Paid: \_\_\_\_\_

Date Ordered: \_\_\_\_\_

Acknowledgement: Y/N

190 Governmental Center | Pensacola, Florida 32502 | 850.595.4409 | [escambia.reporters@flcourts1.gov](mailto:escambia.reporters@flcourts1.gov)

## COMPACT DISK (CD) ORDER FORM

### TERMS:

Court proceedings involving criminal cases and DVI hearings are reported stenographically and/or digitally. Printed transcripts of proceedings are available at \$5.25 per page with a 75% deposit based on the length of the proceeding. Transcripts will be available within two weeks in most cases.

The CD/DVD may contain audio, video or both. Digital media can only be reviewed on a computer. The disk will be made available to a party to a case at the rate of \$35 **per disk** upon the completion and signing of the Acknowledgment of Prohibition Against Confidential Dissemination. Nonparties to a case may purchase a reviewed copy of digitally-recorded proceedings under some circumstances. In certain circumstances, pursuant to Florida Statutes, redaction may be required. CDs will be available within two weeks in most cases. There is a \$20 **per hour** redaction fee for review of the disk. The total redaction fee will be calculated to the nearest hour and will be charged in addition to the \$35 fee for the disk.

**PAYMENT:** Payment may be made online with a credit or debit card at the website provided after your request is processed by the court reporters' office, in addition, a service fee will be applied. Local law firms may pay by law firm check made out to *The State of Florida*. Deposits are nonrefundable once production has begun. We reserve the right to discard any transcript and/or CD not picked up within 30 days of notification that your order is completed.

**Please email your CD Order Forms to [Escambia.Reporters@flcourts1.gov](mailto:Escambia.Reporters@flcourts1.gov) or hand deliver your forms to the Official Court Reporters at 190 Government Street, 4th Floor, Pensacola, FL 32502. For further questions, please call the Official Court Reporters at 850.595.4409.**

We must have the following information when you order a CD. This information may be obtained at the Clerk of Court's office.

Defendant's name: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

Date & Type of proceeding requested: \_\_\_\_\_ Judge's Name: \_\_\_\_\_

If a specific portion of testimony (excerpt) is requested, please detail: \_\_\_\_\_

\_\_\_\_\_

*I understand and accept the terms of this CD order.*

**Printed Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Prohibition Against Dissemination**

RELEASE OF AUDIO/VIDEO RECORDING OF COURT PROCEEDING  
TO ATTORNEY OF RECORD OR PARTY

CASE STYLE:

CASE NO.

DATE AND TIME OF PROCEEDING:

**The audio/video recording of the above-referenced court proceeding may contain information that is confidential or exempt from public disclosure by court order or under Florida or Federal law. Dissemination of confidential information to any other person is strictly prohibited, except as permitted by law, rule or court order. Violation of this prohibition may subject you to legal action, including but not limited to an action for contempt of court.**

**You are not allowed to redact the recording in an attempt to disseminate it in violation of this Prohibition. Only the Administrative Office of the Courts (AOC) may redact and/ or disseminate recordings that contain confidential information.**

I, \_\_\_\_\_, am an attorney of record or a party in the above-referenced court case. Pursuant to Florida Supreme Court AOSC11-22, I acknowledge that I have read this **Prohibition Against Dissemination** and understand that dissemination of any confidential information contained in the audio/video recording provided to me is strictly prohibited and may subject me to legal action for contempt of court. I further acknowledge that I was offered and am hereby refusing to accept and pay the cost for redaction of a version of the recording with all confidential information redacted. By my signature below, I acknowledge, understand, and agree to comply with this **Prohibition Against Dissemination**.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

Requester's Telephone: \_\_\_\_\_

Requester's Email: \_\_\_\_\_