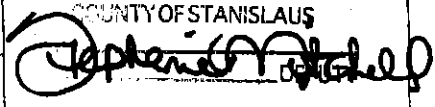


MC-500

MEDIA AGENCY (name): KOVR CHANNEL/FREQUENCY NO.: CBS 13 PERSON SUBMITTING REQUEST (name): VICTORIA MCLOUGHLIN ADDRESS: 2713 KOVR DRIVE, WEST SACRAMENTO CA 95605 TELEPHONE NO.: 916 374 1301	FOR COURT USE ONLY FILED SEP - 1 2015 CLERK OF THE SUPERIOR COURT COUNTY OF STANISLAUS  CASE NUMBER: 1490008
Insert name of court and name of judicial district and branch court, if any: STANISLAUS COUNTY SUPERIOR COURT	
TITLE OF CASE: MARTIN MARTINEZ	
NAME OF JUDGE: MEDIA REQUEST TO PHOTOGRAPH, RECORD, OR BROADCAST	

1. PORTION OF THE PROCEEDINGS TO BE COVERED (e.g., particular witnesses at trial, the sentencing hearing, etc.):
PRELIM
2. DATE OF PROPOSED COVERAGE (specify): 9/14/15 (File this form at least five court days before the proposed coverage date. If not feasible, explain good cause for noncompliance):
3. TYPE OF COVERAGE

a. <input checked="" type="checkbox"/> TV camera and recorder	d. <input type="checkbox"/> Audio
b. <input checked="" type="checkbox"/> Still camera	e. <input checked="" type="checkbox"/> Other (specify):
c. <input type="checkbox"/> Motion picture camera	
4. SPECIAL REQUESTS OR ANTICIPATED PROBLEMS (specify):
5. INCREASED COSTS. This agency acknowledges that it will be responsible for increased court-incurred costs, if any, resulting from this media coverage (estimate): \$
 Amount unknown
6. PROPOSED ORDER. A completed, proposed order on Judicial Council form MC- 510 is attached (required by Cal. Rules of Court, rule 1.150).


CERTIFICATION

I certify that if the court permits media coverage in this case, all participating personnel in this media agency will be informed of and will abide by the provisions of California Rules of Court, rule 1.150, the provisions of the court order, and any additional restrictions imposed by the court.

Date:

VICTORIA MCLOUGHLIN
(TYPE OR PRINT NAME)

Telephone No.: 916 374 1301


 (SIGNATURE)
ASSIGNMENT EDITOR
 (SUPERVISORY POSITION IN MEDIA AGENCY)

NOTICE OF HEARING (A hearing is optional.)

A HEARING will be held as follows:

Date:	Time:	Dept./Div.:	Room:
Address of the Court:			

Clerk, by _____, Deputy

Handwritten initials: CMV, AZ

