

**SPOKANE COUNTY DISTRICT COURT  
STATE OF WASHINGTON**

\_\_\_\_\_  
Petitioner(s) (persons protected),

vs.

\_\_\_\_\_  
Respondent (person restrained)

Case Number: \_\_\_\_\_

**MEDIA USB/CD**

Petitioner

Respondent

- This form is used to provide context of your media for the Judicial Officer.
  - Identify parties and relationship on media.
  - Identify situation and date.
- Each media clip is counted towards your allowed 20 pieces of supportive materials.
  - Each clip is not to exceed 2 minutes total, if your clip does exceed 2 minutes, please provide the exact timeframe you are requesting the Judicial Officer review (i.e. 00:06:18 – 00:08:16).

Exhibit \_\_\_\_\_

Voicemail

Audio

Video

Time: \_\_\_\_\_

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Exhibit \_\_\_\_\_

Voicemail

Audio

Video

Time: \_\_\_\_\_

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Exhibit \_\_\_\_\_

Voicemail

Audio

Video

Time: \_\_\_\_\_

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Exhibit \_\_\_\_\_

Voicemail

Audio

Video

Time: \_\_\_\_\_

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Exhibit \_\_\_\_\_

Voicemail

Audio

Video

Time: \_\_\_\_\_

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Exhibit \_\_\_\_\_

Voicemail

Audio

Video

Time: \_\_\_\_\_

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(ATTACH SEPARATE PAGE(S) IF NECESSARY DO NOT WRITE ON THE BACK)

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_ (city & state) on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Petitioner/Respondent