



**District Court of Guam**  
**DIGITAL VIDEO RECORDING ORDER**

Name		Phone Number	Date
Mailing Address		City	State      Zip Code
Case Number	Case Name	<b>Date/Time of Proceedings</b>	
		Date	Time
Presiding Judicial Official		<b>Location of Proceedings</b>	
		City	State

**15. Order**

Format	Copies	Unit Cost	Total Cost
<input type="checkbox"/> <del>FLX FLX FLX FLX</del>			
<input type="checkbox"/> MP4 - MPEG-4			
<input type="checkbox"/> <del>MPEG MPEG</del>			
<input type="checkbox"/> <del>MOV Quicktime</del>		\$33.00	
<input type="checkbox"/> <del>XXXXXXXXXXXXXXXX</del>			

**CERTIFICATION**

By signing below, I certify that I will pay all charges  
( deposit plus additional) upon completion of the order.

Signature	Date	
Processed by	Phone Number	
	<b>Date</b>	<b>By</b>
<b>Order Received</b>		<b>Amount of Deposit Paid:</b>
<b>Deposit Paid</b>		<b>Total Charges:</b>
<b>DVD Duplicated</b>		<b>Less Deposit:</b>
<b>Ordering Party Notified To Pick up DVD</b>		<b>Total Refunded</b>
<b>Party Received DVD</b>		<b>Total Due</b>