APPLICATION FOR COPY OF RECORDING OF COMMITMENT HEARING Commonwealth of Virginia VA. CODE § 37.2-818 CITY OR COUNTY PRINT FULL NAME OF APPLICANT STREET ADDRESS OF APPLICANT MAILING ADDRESS IF DIFFERENT STATE TELEPHONE NUMBER This application is filed by [] the subject of the hearing [] the attorney for the subject of the hearing pursuant to Virginia Code § 37.2-818 A to obtain a copy of the tape or other audio recording of the commitment hearing for DATE OF HEARING LOCATION OF HEARING (IF KNOWN) SIGNATURE OF APPLICANT [] SUBJECT OF HEARING [] ATTORNEY DATE SIGNATURE OF WITNESS (OF SIGNATURE OF SUBJECT OF HEARING) DATE PRINT NAME OF WITNESS ADDRESS TELEPHONE NUMBER PRINT NAME OF ATTORNEY TELEPHONE NUMBER ADDRESS **CLERK'S OFFICE USE** [] Copy made and delivered to applicant in person on [] Copy made and delivered to applicant by mail on DATE Notified applicant that a recording of applicant's commitment hearing is not available from this court because

[] CLERK [] DEPUTY CLERK

DATE