IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF IOWA

	, Plaintiff) Case No:
v.)
	, Defendant)
A request has	PARTY RESPONSE REGARDING VIDEO RECORDING been made for the following proceeding to be video recorded under the Judicial
Conference Co	ommittee on Court Administration and Case Management Guidelines for the Cameras in the District Courts (available at www.uscourts.gov/multimedia/cameras).
(Describe	proceeding.)
Date of sc	heduled proceeding:/ (mm/dd/yyyy)
	ropriate box(es) below and on the next page to indicate whether you consent to the ome or all of this proceeding:
I cons	ent to the recording of this entire proceeding.
I cons	ent to the recording of some, but not all, of this proceeding.
→	Explain the specific parts of the proceeding for which you do not consent to recording:
	Indicate reason(s) not to video record (check all that apply):
	Proprietary Information (Trade Secret/Patent/Copyright) Confidential Financial Information
	Personal Medical/Psychiatric Information
	Non-public Figure Exposure (Embarassment/Ridicule) Other (Please explain)

I consent to the recording of this proceeding. The following witnesses have expressed a preference not to be recorded, for the reasons indicated.

	Indicate reason(s) not to video record (check all that apply):
	Proprietary Information (Trade Secret/Patent/Copyright) Confidential Financial Information
	Personal Medical/Psychiatric Information Non-public Figure Exposure (Embarassment/Ridicule)
	Other (Please explain)
I do n	ot consent to the recording of any of this proceeding.
	Indicate reason(s) not to video record (check all that apply):
	Proprietary Information (Trade Secret/Patent/Copyright)
	Confidential Financial Information Personal Medical/Psychiatric Information
	Non-public Figure Exposure (Embarassment/Ridicule)
	Other (Please explain)
nit and s	
nit and s	Other (Please explain)
nit and s	Other (Please explain) Sign this form on behalf of the party I represent and the witnesses I may call.
nit and s	Other (Please explain) Sign this form on behalf of the party I represent and the witnesses I may call. Signature

NOTICE: DO NOT FILE FORM E2 IN CM/ECF. Save completed Form E2 to pdf and email to IASD_casemanagers@iasd.uscourts.gov.