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

_____, Plaintiff) Case No: _____

v.)

_____, Defendant)

REQUEST TO EXEMPT WITNESS(ES) FROM VIDEO RECORDING

The proceeding described below has been approved by the parties and the presiding Judge for video recording under the Judicial Conference Committee on Court Administration and Case Management Guidelines for the Cameras Pilot Project and the Court's Administrative Order Implementing the Pilot Project.

_____

(Describe proceeding.)

Date of scheduled proceeding: ___/___/_____ (mm/dd/yyyy)

I hereby request that the testimony of the following witness(es) not be recorded during this proceeding:

Witness Name

_____

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)

_____

Witness Name

_____

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)

  _____

Witness Name

_____

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 submit and sign this form on behalf of the party I represent and the witnesses I may call.

_____
Signature

_____
Name (please print)

_____
Position (e.g., attorney of record)

___/___ /_____ (mm/dd/yyyy)
Date