

EXTENDED MEDIA COVERAGE IN THE CIRCUIT COURTS OF ILLINOIS

Objection of Party to Extended Media Coverage of Trial or Proceeding.

IN THE 9TH JUDICIAL CIRCUIT OF ILLINOIS

_____ County

Plaintiff,

vs.

Case Number: _____

Defendant.

Objection of Party to Extended Media Coverage of Trial or Proceeding

COMES NOW the undersigned person, who states as follows:

1. Extended media coverage has been requested for the above matter.
2. There is good cause to believe that the presence of extended media coverage, under the particular circumstances of the proceeding, would materially interfere with the right of the parties to a fair trial. The specific facts and circumstances in support of the allegation are described as follows:

3. This objection is filed at least three (3) days before commencement of the proceeding for which extended media coverage has been requested.
4. I have attached a proof of service showing service of a copy of this objection upon all counsel of record, parties, appearing without counsel, the media coordinator for this judicial circuit, the trial court administrator for this judicial circuit, the circuit or associate judge expected to preside at the proceeding for which extended media coverage has been requested and the chief judge of the circuit in which the case is to be held, such mailings having been directed to the last known address of each person.

WHEREFORE, I object to extended media coverage of this proceeding for the reasons urged.

(Signature)

(Printed Name)

(Address)

(Phone)

(Email)

CERTIFICATE OF SERVICE

Pursuant to Rules 12 and 104 of the Illinois Supreme Court, the undersigned certifies that the foregoing Objection of Party to Extended Media Coverage of Trial or Proceeding was served upon the parties, or their attorneys of record, who have appeared and have not, heretofore, been found by the Court to be in default for failure to plead, by enclosing the same in envelopes and with postage fully pre-paid on _____, 20____, at 5 o'clock p.m., with the complete address(es) appearing on the envelopes as follows:

_____ (Name)	_____ (Name)
_____ (Address)	_____ (Address)
_____	_____
_____ (Name)	_____ (Name)
_____ (Address)	_____ (Address)
_____	_____

Signature