

Ronald M Adams
CLERK SUPERIOR COURT

IN THE SUPERIOR COURT OF Glynn COUNTY
STATE OF GEORGIA

____ State of Georgia _____ *
 [] Plaintiff _____ *
v. _____ * Case # __CR 2000433 _____ *
____ Gregory McMichael _____ *
 Defendant. _____ *

Date of court proceeding: ____ Nov. 12h, 2020 _____ Time __10:00am__ Courtroom _____

**REQUEST TO USE A RECORDING DEVICE PURSUANT
TO RULE 22 ON RECORDING OF JUDICIAL PROCEEDINGS**

Pursuant to Rule 22 of the Uniform Rules for Superior Court regarding Use of Electronic Devices in Courtrooms and Recording of Judicial Proceedings, the undersigned hereby requests permission to use a recording device in above-listed courtroom in order to record images and/or sound during (all) (the following portions, _____) of the proceedings in the above captioned case/calendar. Consistent with the provisions of the rule, the undersigned desires to use the following described recording device(s): [] video camera, tripod, microphones; [] camera; [] cell-phone camera; Other: _____
The proceedings that the undersigned desires to record commence on the above date. Subject to direction from the court regarding possible pooled coverage, the undersigned wishes to use this/these device(s) in the courtroom on the above date(s).

The personnel who will be responsible for the use of this recording device are: ____ tony Thomas/ levar james _____ (identify appropriate personnel).

The undersigned hereby certifies that each device to be used and the locations and operation of such device will be in conformity with Rule 22 and any guidelines issued by the court. The undersigned understands and acknowledges that a violation of Rule 22 and any guidelines issued by the court may be grounds for removal or exclusion from the courtroom and a willful violation may subject the undersigned to penalties for contempt of court.

This __13th__ day of __Oct.__, 2020.

Tony Thomas

(Individual Signature)

____ tony Thomas _____
Printed Name

____ WSB Atlanta _____
(Representing/Firm)

____ Bureau Chief/Reporter _____
(Position)

____ 1601 West Peachtree Street. _____
Address

____ 404-345-5518 _____
Daytime number

____ Atlanta, GA 30309 _____
City/State/Zip

____ tony.thomas@wsbtv.com _____
Email

FAX

Subject to order