

Ronald M Adams
CLERK SUPERIOR COURT

IN THE SUPERIOR COURT OF Glynn COUNTY
STATE OF GEORGIA

____ State of Georgia _____ *
[] Plaintiff *
v. * Case # __CR 2000433_____
*
____ GREG MCMICHAEL, TRAVIS MCMICHAEL VWilliam Bryan _____ *
*
Defendant. *

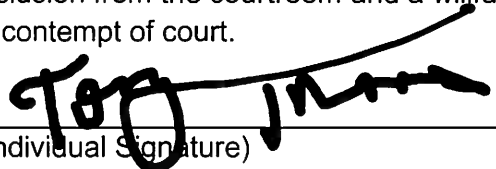
Date of court proceeding: JAN 7TH, 2022, 2020 _____ Time __10:00am__ Courtroom _____

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 __24th__ day of DECEMBER . ____, 2021. 
(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