



**SECOND JUDICIAL DISTRICT COURT**  
WASHOE COUNTY  
STATE OF NEVADA

*Office of Court Administration*  
75 Court Street, Reno, NV 89501  
Jackie Bryant, Court Administrator – Clerk of Court  
Email Completed Form to: [CourtTech@Washoecourts.us](mailto:CourtTech@Washoecourts.us)

**AUDIO VISUAL EQUIPMENT REQUEST FORM**  
**USE OF DISTRICT COURT EQUIPMENT**

Requested By:		Today's Date:	
Case Number:		Attorney/Firm:	
Mailing Address:			
Telephone Number:		E-mail:	
Date Equipment Needed:		District Court Courtroom Number:	
Duration of use from: (mm/dd/yyyy) to: (mm/dd/yyyy)			
Equipment available for setup by District Court Technology Department – check mark equipment needed.			
<b>Family Division</b> Departments 2,5,11,12,13,14 Hearing Room A,B, and C <b>General Jurisdiction</b> Courtroom 15, Courtroom A and B		<b>General Jurisdiction</b> Departments 1,3,4,6,7,9,10,8	
<input type="checkbox"/> Projector		<input type="checkbox"/> VGA (Windows Laptop Connection)	
<input type="checkbox"/> Screen		<input type="checkbox"/> Lightning Cable (iPad Connection)	
<input type="checkbox"/> VGA (Windows Laptop Connection)		<input type="checkbox"/> Mini Display Port (Surface Connection)	
<input type="checkbox"/> HDMI		<input type="checkbox"/> HDMI	
<input type="checkbox"/> Elmo (Document Camera)		<input type="checkbox"/> Bluray/DVD Player	
		<input type="checkbox"/> Elmo (Document Camera)	
<input type="checkbox"/> Request for an appointment to test and get familiarized with equipment.			

**REQUEST MUST BE MADE TWO WEEKS PRIOR TO THE DATE NEEDED**

I understand that the availability of equipment is limited and will be provided on a first come, first served basis.

I understand and agree it is my responsibility to notify opposing counsel of this request. I also understand that technical support for this equipment is limited to its functionality and NOT the functionality of the requestor's personal property.

I further understand that the District Court is not responsible for instructing you on the use of your personal equipment.

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

for Agency/Organization (if any) \_\_\_\_\_