



**UNITED STATES DISTRICT COURT**  
*District of Rhode Island*

**REQUEST FOR THE USE OF ELECTRONIC DEVICES  
BY MEMBERS OF THE MEDIA**

**Applicant Information**

Full Name: \_\_\_\_\_  
*First Middle Last Generation*

Address: \_\_\_\_\_  
*Name of Media Organization*

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you employed by the above organization or are you an independent journalist? Employee  Independent

**Bureau Chief, Managing Editor or News Director Information**

Name: \_\_\_\_\_  
*First Middle Last Title*

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Certification and Signature**

I certify that I have read, acknowledge, and agree to observe and be bound by the General Order Regarding the Use of Electronic Devices by Members of the Media and LR Gen 112. I further agree to abide by any directive or order by a judicial officer regarding the use of electronic devices.

I understand that if a judicial officer has not adopted a standing exemption to LR Gen 112, I must surrender all electronic devices to the court security officer at the entry screening post before entering the courtroom.

I understand that violations of the General Order, Local Rules and the Court's prohibition on photographing, visual or audio recording, and broadcasting or any directive by a judicial officer may result in court-imposed sanctions, including the revocation of an approved Request for the Use of Electronic Devices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_