JDF 4



Transcript Request Form

I would like to order transcripts of the court events listed below per Chief Justice Directive 05-03.

Full Mailing Address: Email					
Case	Information				
Case	e Number: County:				
Case	Title: (caption; i.e People v Doe)				
Divisio	on/Courtroom: Judicial Officer:				
A tran	scriptionist will contact you to	arrange payment	before a transcript is <i>started</i> .		
	Type (check one)	Cost	Time from Start / Note		
	Type (check one) Ordinary	Cost \$3.60 /page	Time from Start / Notes		
	Type (check one) Ordinary Expedited	Cost \$3.60 /page \$4.35 /page	Time from Start / Note 30 Days 10 Days		
	Type (check one) Ordinary	Cost \$3.60 /page \$4.35 /page \$35	Time from Start / Note 30 Days 10 Days For Small Claims Appeals only. *		
	Type (check one) Ordinary Expedited Audio Recording (CD/MP4)	Cost \$3.60 /page \$4.35 /page \$35	Time from Start / Note 30 Days 10 Days For Small Claims Appeals only. *		
Attac	Type (check one) Ordinary Expedited Audio Recording (CD/MP4) ch a Court Order to request the Overnight (a.k.a. daily) Hourly	\$3.60 /page \$4.35 /page \$35 following types: \$5.85 /page \$6.85 /page	Time from Start / Notes 30 Days 10 Days For Small Claims Appeals only. * CJD 05-03(V)(B).		

	Hearing	Hearing Portion	Event Type (and any portion details)	Hearing Date	Times	
	Examples:		(for full) Trial Day 1. (for a portion) Witness [full name]'s cross examination.	12/12/2023 06/13/2021	8:30 – 4:15 9:37 - 20 min.	
	Sign & Da		tify that I, or my firm/agency, will pay the full cos	st of the trans	script.	
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			nis transcript follows the fee and format prescribed in	0.5.		