

TRANSCRIPT ORDER

DUE DATE:

1. NAME		2. PHONE NUMBER		3. DATE	
4. FIRM NAME					
5. MAILING ADDRESS			6. CITY		7. STATE
8. ZIP CODE					
9. CASE NUMBER		10. JUDGE		DATES OF PROCEEDINGS	
				11.	12.
13. CASE NAME			LOCATION OF PROCEEDINGS		
			14.	15. STATE	
16. ORDER FOR					
APPEAL		CRIMINAL		CRIMINAL JUSTICE ACT	
NON-APPEAL		CIVIL		IN FORMA PAUPERIS	
				BANKRUPTCY	
				OTHER (Specify)	

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
VOIR DIRE		TESTIMONY (Specify)	
OPENING STATEMENT (Plaintiff)			
OPENING STATEMENT (Defendant)			
CLOSING ARGUMENT (Plaintiff)		PRE-TRIAL PROCEEDING	
CLOSING ARGUMENT (Defendant)			
OPINION OF COURT			
JURY INSTRUCTIONS		OTHER (Specify)	
SENTENCING			
BAIL HEARING			

18. ORDER

CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS				PAPER COPY PDF (e-mail) ASCII (e-mail)	
14 DAYS					
7 DAYS (expedited)					
3 DAYS					
DAILY					
HOURLY					
REALTIME				E-MAIL ADDRESS	

CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).

19. SIGNATURE

20. DATE

NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.

TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	
TRANSCRIPT RECEIVED			LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	