

## TRANSCRIPT REQUEST

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

Case name: \_\_\_\_\_

Date of hearing: \_\_\_\_\_

**Person requesting transcript:**

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

Phone: \_\_\_\_\_

Deposit: \_\_\_\_\_

The transcript will be prepared and ready for pick up within **30 days** of today's date.

Transcript Fees:

Original	\$2.50 per page
Copy	\$1.95 per page
Expedited	\$5.00 per page

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Court Clerk/Court Recorder

**\*Please note that work on transcripts WILL NOT begin until a Transcript Request and deposit have been received**