

TRANSCRIPT REQUEST

Date: _____

Case name: _____

Case number: _____

Date of hearing: _____

Time 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 and 1 copy within 30 days	\$3.00 per page
Original and 1 copy within 7-20 days	\$6.00 per page
Additional Copies	\$2.00 per page

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

Date

Signature of Requestor

Deposit Amount: _____

Date

Court Clerk/Court Recorder