

Saginaw Chippewa Tribal Court

TRANSCRIPT REQUEST

Date: _____

Case name: _____

Case number: _____

Date of hearing: _____

Time of hearing: _____

Person requesting transcript: *(Please print legibly)*

Name: _____

Address _____

City _____

State, Zip code _____

Phone: _____

Deposit amount: \$50.00

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

Transcript Fees:

Original within 30 days	\$3.25 per page
Within 5 days-expedited	\$5.00 per page
Additional Copies	\$1.00 per page
Deposit	\$50.00

****Please note: Transcript requests WILL NOT proceed until a transcript request is in writing, deposit paid and final approval of Judge. YOU are responsible for the full payment upon completion of transcript.**

Date

Signature of Requestor

Tribal Court use only

Date

Court Clerk/Court Recorder

APPROVE

DENY

Judge _____

Date: _____