



Transcript Request Form

Clinton County, Pennsylvania

Pursuant to Pa.R.J.A. 4007(A), this form must be completed by any person requesting a transcript for any court proceeding. Additional requirements may be found in the local rules of court for each judicial district.

Local rules may be found by following the appropriate link at: <http://www.pacourts.us/courts/courts-of-common-pleas/> If the cost of the transcript presents an economic hardship, there are reduced rates available to those who qualify. See Pa.R.J.A. 4007 (E).

Requester Signature

Requester Printed Name

Date

I. Case Information				
<i>Case Caption</i>		<i>Docket Number</i>		
<i>Presiding Judge</i>		<i>Courtroom</i>		
<i>Date(s) of Proceeding</i>		<i>Co-Defendant docket # (If applicable)</i>		
<i>Court Reporter Name (If available)</i>				
Type of proceeding: (check the appropriate box)				
<input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Other: (specify)				
Is this transcript request associated with an appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
II. Requestor Information				
I am <input type="checkbox"/> Counsel for _____ <input type="checkbox"/> Self-Represented <input type="checkbox"/> Not a party to this action				
<i>Does this request qualify for a reduced rate pursuant to Rule 4007(E)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please provide proof of authorization for a reduced rate.</i>				
<i>Name of requestor/Attorney ID Number (if applicable)</i>				
<i>Agency/Firm</i>				
<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Email</i>		<i>Phone</i>	<i>Fax</i>	
III. Transcript Items Requested				
<input type="checkbox"/> Entire proceeding	<input type="checkbox"/> Testimony (specify each witness):			
<input type="checkbox"/> Jury Voir Dire				
<input type="checkbox"/> Opening statements				
<input type="checkbox"/> Closing arguments	<input type="checkbox"/> Pre/Post trial hearing (specify):			
<input type="checkbox"/> Jury Instructions				
<input type="checkbox"/> Other: (specify)				
IV. Private Party Transcript Delivery and Cost				
Please select from the following:				
<i>Delivery Time:</i>	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Expedited	<input type="checkbox"/> Daily	<input type="checkbox"/> Same Day
<i>Cost per page (based on speed of delivery)</i>	<i>\$2.50 page</i>	<i>\$3.50 per page</i>	<i>\$4.50 per page</i>	<i>\$6.50 per page</i>
<i>Manner of Delivery:</i>	<input type="checkbox"/> Electronic (PDF) format <input type="checkbox"/> Hard copy (add \$0.25 per page to page rates)			
<i>Other:</i>	<input type="checkbox"/> Minuscript <input type="checkbox"/> ASCII (extra charge) <input type="checkbox"/> Include Word index (extra charge)			

V. For court use only	<input type="checkbox"/> Hard copy requested (apply adjusted rate)
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Cost estimate

<input type="checkbox"/> Ordinary, county paid	\$ ____.	x ____ pages	=
<input type="checkbox"/> Ordinary, private paid	\$ ____.	x ____ pages	=
<input type="checkbox"/> Expedited	\$ ____.	x ____ pages	=
<input type="checkbox"/> Daily	\$ ____.	x ____ pages	=
<input type="checkbox"/> Same Day	\$ ____.	x ____ pages	=
<input type="checkbox"/> Other: Hard Copy Requested above, add	\$ ____.	x ____ pages	=

Additional charges: ASCII Word Index Minuscript \$ _____

<i>Are costs waived or reduced?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach Court order to this request.</i>	Subtotal	=
	Less deposit *	-
	Balance due	=

Transcript to be prepared by:	Date of deposit	Date assigned:	Date due:
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** A deposit determined by local rule may be required.*