



OFFICIAL AUDIO/TRANSCRIPT REQUEST FORM

Orders will **NOT** be processed until all required paperwork has been completed, submitted and satisfactory payment arrangements are made. Failure to provide correct information will delay the process.

Type of Request: AUDIO TRANSCRIPT

Date of Proceeding: _____ Presiding Judge: _____

Case Caption: _____

Case Number(s): _____ Courtroom Number: _____

TYPE OF PROCEEDINGS

Juvenile Dependency <input type="checkbox"/>	Appeals <input type="checkbox"/>	DV <input type="checkbox"/>
Juvenile Delinquency <input type="checkbox"/>	Probate <input type="checkbox"/>	Family Court <input type="checkbox"/>
UCC <input type="checkbox"/>	Child Support <input type="checkbox"/>	Civil Injunctions <input type="checkbox"/>

REQUESTED BY

Private Attorney SRL (self-represented litigant) DCF Appointed Attorney GAL Other

TYPE OF SERVICE

Regular (7-10 **business** days) Rush (5 to 10 **business** days) Overnight (next **business** day)
(All orders after 3:00 p.m. are considered as next business day orders)

ORDERING PARTY INFORMATION

Name: _____ Phone Number: _____

Mailing Address: _____

Email address: _____

Ordering Party Signature

Date Requested

Date Needed