

Request for Transcript or Copy



_____ County
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). Copies of this request must be served in accordance with Pa.R.J.A. 4007(B). A deposit determined by local rule may be required.

I. Case Information
Case Caption: Docket Number:
Presiding Judge:
Date(s) of Proceeding:
Court Reporter Name (if available):
Case Type (check the appropriate box): [] Criminal [] Civil [] Family [] Orphans' Court [] Juvenile
Type of Proceeding: [] Suppression [] Argument [] Trial [] Plea [] Sentence
or "Other" (please specify):
PCRA [] Yes [] No
Is the Transcript Associated with an Appeal? [] Yes [] No Children's Fast Track: [] Yes [] No
II. Requestor Information
Name of Requestor/Attorney ID Number (if applicable):
I am: [] Counsel for [] Unrepresented [] Not a party to this action
Agency/Firm: Court Represented: [] Yes [] No
Street Address: City: State: Zip:
Email: Phone: Fax:
Does this request qualify for a reduced rate pursuant to Pa.R.J.A. 4007(E)? [] Yes [] No
If Yes, please provide proof of authorization for a reduced rate or an affidavit required by Pa.R.J.A. 4008(B)(4) requesting a waiver of all or a portion of the costs.
III. Transcript Items Requested
[] Entire proceeding [] Jury Voir Dire [] Opening statements [] Closing arguments [] Jury Instructions
[] Testimony (specify each witness):
[] Pre/Post trial hearing (specify):
[] Other (specify):

IV. Transcript Delivery and Cost				
For the original transcript request, please select from the following:				
Delivery Time:	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Expedited	<input type="checkbox"/> Daily	<input type="checkbox"/> Same Day
Original Transcript:	+\$2.50	+\$3.50	+\$4.50	+\$6.50 (cost per page)
Copy for Requestor: <input type="checkbox"/> Yes <input type="checkbox"/> No	+\$0.50	+\$0.75	+\$1.00	+\$1.25 (cost per page)
Note: Expedited, Daily, and Same Day Requests are only available where provided by the judicial district or court reporter. Costs payable by requestor shall not exceed the rates prescribed in Pa.R.J.A. 4008(A)(1) and (D)(1).				
Requesting Governmental Agency Rate (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Manner of Delivery: <input type="checkbox"/> Electronic (PDF) Format <input type="checkbox"/> Hard copy (add \$0.25 per page to page rates)				
Other (if offered, extra charges may apply): <input type="checkbox"/> Complex Litigation <input type="checkbox"/> Real Time Feed				
Special Requests (if offered): <input type="checkbox"/> Minuscript/Condensed <input type="checkbox"/> ASCII <input type="checkbox"/> Include Word Index <input type="checkbox"/> Other If Other, please specify: _____				
Are you requesting a photocopy of an existing transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No (For photocopy rates, please see Pa.R.J.A 4008(D))				

Requestor's Signature: _____

Date: _____

Note: The first requestor of a transcript is obligated to pay for the original transcript, which is filed with the court, plus the copy rate if the requestor desires a personal copy (subject to any cost sharing with additional parties).

COURT ORDER FOR AUTHORIZATION

_____, 20_____, the Court authorizes the court reporter to transcribe the above-mentioned proceedings as ordered by the requesting party upon receipt by the appropriate Clerk of Court of one-half payment (if applicable) as indicated below.

BY THE COURT:

Judge



For Court Use Only

Date of Request:	Docket Number:
Case Caption:	
Name of Requestor:	
Email: _____ Phone: _____ Fax: _____	
Are the costs waived or reduced? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date Deposit Received: _____	Deposit Check/M.O. Number: _____
Date Transcript Assigned: _____	Transcript to be Prepared By: _____
Transcript Due Date: _____	Date Transcript Completed: _____
Date Balance Received: _____	Balance Check/M.O. Number: _____
Date Transcript Sent to Requesting Parties: _____	

Ordinary, County Paid	\$	X	pages	=\$	Estimated Cost	\$
Ordinary, Private Paid	\$	X	pages	=\$	Less Deposit	-\$
Expedited	\$	X	pages	=\$	Balance Due	\$
Daily	\$	X	pages	=\$	Adjusted Cost (+/-)	=\$
Same Day	\$	X	pages	=\$	Final Page Total	
+Hard Copy	\$0.25	X	pages	=\$	Final Balance	\$
+Requestor Copy	\$	X	pages	=\$		
+Additional Charges	\$	X	pages	=\$		
Is the cost of the transcript being shared between parties? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Photocopy of Existing Transcript: <input type="checkbox"/> Yes <input type="checkbox"/> No						

Notes: