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.

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| **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):  |

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| **IV. Transcript Delivery and Cost**  |
| For the original transcript request, please select from the following:  |
| Delivery Time:  | 🞎 Ordinary | 🞎 Expedited | 🞎 Daily |  🞎 Same Day  |
| Original Transcript:  |  +$2.50  |  +$3.50  |  +$4.50  |  +$6.50 (cost per page)  |
| Copy for Requestor: 🞎 Yes 🞎 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): 🞎 Yes 🞎 No |
| Manner of Delivery: 🞎 Electronic (PDF) Format 🞎 Hard copy (add $0.25 per page to page rates)  |
| Other (if offered, extra charges may apply): 🞎 Complex Litigation 🞎 Real Time Feed  |
| Special Requests (if offered): 🞎 Minuscript/Condensed 🞎 ASCII 🞎 Include Word Index 🞎 Other If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Are you requesting a photocopy of an existing transcript? 🞎 Yes 🞎 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).*

*For Court Use Only*

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| Date of Request: Docket Number: |
| Case Caption: |
| Name of Requestor: |
| Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are the costs waived or reduced? 🞎 Yes 🞎 No |

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| 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: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| Estimated Cost  |  $ |
| Less Deposit  | -$ |
| Balance Due  |  |
| Adjusted Cost (+/-) | =$ |
| Final Page Total  |  |
| Final Balance |  $ |

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| --- | --- | --- | --- |
| Ordinary, County Paid  | $ | X pages | =$ |
| Ordinary, Private Paid  | $ | X pages | =$ |
| Expedited  | $ | X pages | =$ |
| Daily | $ | X pages | =$ |
| Same Day | $ | X pages | =$ |
| +Hard Copy  | $0.25 | X pages | =$ |
| +Requestor Copy  | $ | X pages | =$ |
| +Additional Charges  | $ | X pages | =$ |
| Is the cost of the transcript being shared between parties? 🞎 Yes 🞎 No |
| Photocopy of Existing Transcript: 🞎 Yes 🞎 No |

***Notes:***