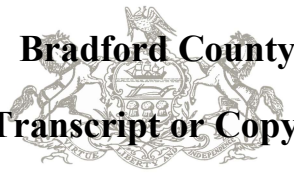


Bradford County

Request for Transcript or Copy of Transcript



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.

Case Information

Case Caption:	Presiding Judge:
Docket Number:	Court Reporter Name (if known):
Co-Defendant Docket Number (if applicable):	Date of Proceeding:
Type of Proceeding: <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Orphans' Court <input type="checkbox"/> Juvenile <input type="checkbox"/> Other: (specify):	
Is this transcript associated with an appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No Children's Fast Track <input type="checkbox"/> Yes <input type="checkbox"/> No	

Requestor Information

I am <input type="checkbox"/> Counsel <input type="checkbox"/> Self-Represented <input type="checkbox"/> Not a party to this action	
Name of Requestor & Attorney ID (if applicable):	Court Appointed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Firm:	Does this request qualify for a reduced rate pursuant to Pa.R.J.A. 4007 (E)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 waiver of all or a portion of the costs.
Street Address:	Email address (must be filled in if requesting electronic copy):
City/State/Zip:	Phone Number:
	Fax Number:

Transcript Items Requested

Event Type:		
<input type="checkbox"/> Entire Proceeding	<input type="checkbox"/> Testimony (specify witness):	<input type="checkbox"/> Other (specify):

Private Party Transcript Cost

<input type="checkbox"/> Original Transcript for Filing \$2.50 per page	<input type="checkbox"/> Electronic Copy for Requestor (*cost included)
	<input type="checkbox"/> Hard Copy for Requestor (\$0.25 per page)
	<input type="checkbox"/> Requestor chooses to not receive a copy ⁺

Are you requesting a copy of an existing transcript? Yes No

<input type="checkbox"/> Electronic copy of existing transcript \$0.50 per page	<input type="checkbox"/> Hard copy of existing transcript \$0.75 per page
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Requestor's Signature _____

Date _____

For Court Use Only

Transcript Assigned To:	Date Assigned:
Judge's Approval:	Date of Deposit:
<input type="checkbox"/> Access <input type="checkbox"/> Excel Date:	Start Date:
Deposit Invoice Sent: <input type="checkbox"/> Date:	Due Date:
Deposit Received: <input type="checkbox"/> Invoice Sent: <input type="checkbox"/> Payment Received: <input type="checkbox"/>	Invoice Sent to Accounting: <input type="checkbox"/> Date:

*The Requestor who pays for an original transcript will receive **a single electronic copy** of the requested transcript in the format selected above at no additional cost.

⁺ If the Requestor later chooses to receive a copy after completion and filing of the transcript they must pay the fees associated with requesting a copy of an existing transcript.