

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):



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	-\$
					Balance Due	
					Adjusted Cost (+/-)	=\$
					Final Page Total	
					Final Balance	\$
+Hard Copy	\$0.25	X	pages	=\$		
+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: