



# 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.

<b>I. Case Information</b>				
<i>Case Caption</i>	<i>Docket Number</i>			
<i>Presiding Judge</i>	<i>Courtroom</i>			
<i>Date(s) of Proceeding</i>	<i>Co-Defendant docket # (If applicable)</i>			
<i>Court Reporter Name (If available)</i>				
Type of proceeding: (check the appropriate box)				
Criminal	Civil	Family	Orphans' Court	Juvenile
Other: (specify) _____				
Is this transcript request associated with an appeal?    Yes    No    Children's Fast Track    Yes    No				
<b>II. Requestor Information</b>				
I am Counsel for _____ Self-Represented    Not a party to this action				
<i>Court Appointed?</i> Yes    No				
<i>Does this request qualify for a reduced rate pursuant to Rule 4007(E)?</i> Yes    No				
<i>If Yes, please provide proof of authorization for a reduced rate or an affidavit required by Rule 4008(B)(4) requesting waiver of all or a portion of the costs.</i>				
<i>Name of requestor/Attorney ID Number (if applicable)</i>				
<i>Agency/Firm</i>				
<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Email</i>		<i>Phone</i>	<i>Fax</i>	
<b>III. Transcript Items Requested</b>				
Entire proceeding    Jury Voir Dire    Opening statements    Closing arguments    Jury Instructions				
Testimony (specify each witness):				
Pre/Post trial hearing (specify):				
Other (specify):				
<b>IV. Private Party Transcript Delivery and Cost</b>				
For original transcript requests, please select from the following:				
Delivery Time:	Ordinary	Expedited	Daily	Same Day
<i>Cost per page (electronic format)</i>	<i>\$2.50 per page</i>	<i>\$3.50 per page</i>	<i>\$4.50 per page</i>	<i>\$6.50 per page</i>
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: _____				
Are you requesting a copy of an existing transcript?    Yes    No (For Photocopy rates, please see Rule 4008(D)).				

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

Docket Number: \_\_\_\_\_

Case Caption: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Date of Request: \_\_\_\_\_

<b>V. For court use only</b>		<b>Hard copy requested (apply adjusted rate)</b>		
Cost estimate				
Ordinary, county paid	\$	x pages	= \$	
Ordinary, private paid	\$	x pages	= \$	
Expedited	\$	x pages	= \$	
Daily	\$	x pages	= \$	
Same Day	\$	x pages	= \$	
Other: _____	\$	x pages	= \$	
Photocopy	\$	x pages	= \$	
Additional charges:	Complex Litigation	Real Time Feed	\$	
<i>Are costs waived or reduced?</i> Yes    No			Subtotal	\$
			Less deposit	- \$
			Balance due	= \$
Transcript to be prepared by:		Date of deposit:	Date assigned:	Date due:
Date balance received:	Check/M.O. number:	Date transcript sent to requesting part(ies):		