

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): <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Orphans' Court <input type="checkbox"/> Juvenile | |
| Type of Proceeding: <input type="checkbox"/> Suppression <input type="checkbox"/> Argument <input type="checkbox"/> Trial <input type="checkbox"/> Plea <input type="checkbox"/> Sentence or "Other" (please specify): _____ | |
| PCRA <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is the 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 |
| II. Requestor Information | |
| Name of Requestor/Attorney ID Number (if applicable): _____ | |
| I am: <input type="checkbox"/> Counsel for _____ <input type="checkbox"/> Unrepresented <input type="checkbox"/> Not a party to this action | |
| Agency/Firm: _____ Court Represented: <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <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 a waiver of all or a portion of the costs. | |
| III. Transcript Items Requested | |
| <input type="checkbox"/> Entire proceeding <input type="checkbox"/> Jury Voir Dire <input type="checkbox"/> Opening statements <input type="checkbox"/> Closing arguments <input type="checkbox"/> Jury Instructions | |
| <input type="checkbox"/> Testimony (specify each witness): | |
| <input type="checkbox"/> Pre/Post trial hearing (specify): | |
| <input type="checkbox"/> 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).



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: