

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): Yes NoManner 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 FeedSpecial 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

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: