



Request for Transcript or Copy _____ County

Request Form must be emailed to: transcripts@courts.phila.gov

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 in the amount of 95% of the estimated cost of the transcript is required. All payments must be by check or money order payable to: "First Judicial District of Pennsylvania-Transcripts." No cash payments will be accepted. Direct payments to court reporters are not permitted.

I. Case Information				
Case Caption	Docket Number			
Presiding Judge	Courtroom			
Date(s) of Proceeding	Co-Defendant docket # (If applicable)			
Court Reporter Name (If available)				
Type of proceeding: (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 <input type="checkbox"/> Other: (specify) _____				
Is this transcript request associated with an appeal? Yes No Children's Fast Track Yes No				
II. Requestor Information				
I am Counsel for _____ Self-Represented Not a party to this action Court Appointed? Yes No Does this request qualify for a reduced rate pursuant to Rule 4007(E)? Yes No 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.				
Name of requestor/Attorney ID Number (if applicable)				
Agency/Firm				
Street Address		City	State	Zip
Email		Phone	Fax	
III. Transcript Items Requested			Check if Digital Recording	
Entire proceeding Jury Voir Dire Opening statements Closing arguments Jury Instructions				
Testimony (specify each witness):				
Pre/Post trial hearing (specify):				
Other (specify):				
IV. Private Party Transcript Delivery and Cost				
For original transcript requests, please select from the following:				
Delivery Time:	Original/Ordinary	Expedited	Daily	Same Day
Cost per page	\$3.00 page	\$4.50 per page	\$6.00 per page	\$9.00 per page
Manner of Delivery:		Electronic (PDF) format Hard Copy		
Other (if offered, extra charges may apply):		Real-time \$11.00 per page Real Time Streaming - \$250.00 per day		
Special requests (if offered):		Word Index ASCII Other: _____		
Are you requesting a copy of an existing transcript? Yes No (For Rates, please see Phila.R.J.A. No. *4008)				

Requestor's Signature

Date