



**First Judicial District of Pennsylvania
Court Reporter and Interpreter Administration**

Land Title Building, 100 South Broad Street, 2nd Floor
Philadelphia, Pennsylvania 19110
Tele: 215-683-8000 Fax: 215-683-8005

TRANSCRIPT ORDER FORM & INVOICE

All information must be completed in order to begin transcription of notes.

| | | | | |
|---|---|---|---|---|
| CASE NAME: (Commonwealth vs.) or (Party vs. Party) | | C.P. #, M.C.# or Petition #: | | |
| Hearing/Trial Date: | Courtroom #: | Judge: | | |
| Court Reporter's Name and Phone Number: | | | | |
| Requesting Attorney or Party Name: | | Phone No.: | Fax No.: | |
| Street Address: | | | | |
| City, State and Zip Code: | | | | |
| <input type="checkbox"/> District Attorney | <input type="checkbox"/> Defender Association | <input type="checkbox"/> Court-Appointed Counsel (Attach Appointment Letter) | <input type="checkbox"/> Private Counsel/Party (Make Check Payable to reporter.) | |
| DELIVERY: | <input type="checkbox"/> Regular Delivery | <input type="checkbox"/> Expedited (Please Call Reporter to set delivery date) | <input type="checkbox"/> Daily (Next Day) (Please Call Reporter) | <input type="checkbox"/> Immediate (Same Day – Call Reporter) |
| COUNSEL, PLEASE CHECK ALL THAT APPLY: <u>NOTICE:</u> CRIMINAL TRANSCRIPTS WILL BE PROVIDED <u>SOLELY</u> ON A REGULAR DELIVERY BASIS. EXPEDITED, DAILY AND IMMEDIATE DELIVERY <u>APPLY ONLY TO CIVIL TRANSCRIPTS.</u> | | | | |
| <input type="checkbox"/> I am requesting an estimate of costs. <input type="checkbox"/> I am ordering a transcript. <input type="checkbox"/> I am ordering minuscrit only <input type="checkbox"/> Provide ASCII (extra charge) <input type="checkbox"/> I am ordering a minuscrit copy in addition to a regular full-sized copy (extra charge) <input type="checkbox"/> Include Word Index (extra charge) | | | | |

Signature of Ordering Counsel/Party: _____ **Date:** _____

| | |
|--|---|
| THIS IS YOUR ESTIMATE FOR THE REQUESTED TRANSCRIPT: | |
| (Pursuant to Pa. R.J.A. No. 5000.6, transcription will commence upon receipt of a deposit) | |
| Deposit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No | Estimated No. of Pages: _____ @ \$ _____ per page: |
| Date: _____ | Total Required Deposit: \$ _____ |
| THIS IS YOUR FINAL INVOICE FOR THE REQUESTED TRANSCRIPT: | |
| Total No. of Pages: _____ @ \$ _____ per page = \$ _____ | |
| Additional Charges: <input type="checkbox"/> Minuscrit \$ _____ <input type="checkbox"/> Ascii \$ _____ <input type="checkbox"/> Word Index \$ _____ <input type="checkbox"/> Other: \$ _____ | |
| Less Deposit: \$ _____ | TOTAL DUE: \$ _____ |
| Make check payable to: | <input type="checkbox"/> MANDAMUS |

TO ORDER A TRANSCRIPT: Fax this form to: 215-683-8005 or mail to the court reporter to the above address. If faxing, send one form. When ordering daily, expedited or immediate delivery, in addition to the form, please call the court reporter directly.

*******NEXT TRIAL DATE:** _____