



Request for Transcript or Copy Chester 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.chesco.org/>. 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.

You must contact the Court Reporter Office (610-344-6985) to obtain the court reporter name & page estimate.

I. Case Information				
Lines marked with an * are required fields.				
*Case Caption	*Docket Number			
*Presiding Judge	*Courtroom			
*Date(s) of Proceeding	*Estimated Page Count			
*Court Reporter Name:	Children's Fast Track <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 <input type="checkbox"/> Other: (Specify) _____				
*Has an appeal been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when was the appeal filed? _____				
II. Requestor Information				
I am Counsel for _____ <input type="checkbox"/> Self-Represented <input type="checkbox"/> Not a party to this action				
Court Appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Name of requestor/Attorney ID Number (if applicable) _____				
Agency/Firm _____				
Street Address _____	City _____	State _____	Zip _____	
Email _____	Phone _____	Fax _____		
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. Private Party Transcript Delivery and Cost				
For original transcript requests, please select from the following:				
*Delivery Time	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Expedited	<input type="checkbox"/> Daily	<input type="checkbox"/> Same Day
Timeframe for completion	Within 30 days from request/payment.	Within 72 hours from request/payment.	Within 24 hours from request/payment.	Within same day of request/payment
Cost per page	\$3.25 (PDF) \$3.50 (Hard Copy) \$4.00 (Both) <i>Contact Court Reporters Office for Availability</i>			
*Is this a copy of a previously filed transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a \$0.75/per page copy rate applies.				
*Manner of Delivery: <input type="checkbox"/> Electronic (PDF) Format <input type="checkbox"/> Hard Copy <input type="checkbox"/> Include Word Index				

Requestor's Signature

Date

MANDATORY SUPPLEMENT FOR REQUESTING TRANSCRIPT OR COPY FORM

* Please complete all of the follow information for each opposing counsel or self-represented party. The request for transcript form will not be processed without this information.

* Are cost to be shared with any of these parties? Yes No

Opposing Counsel or Self-Represented Party's Name

Complete Mailing Address (street, address, city, state, zip)

Telephone Number

Email Address

Opposing Counsel or Self-Represented Party's Name

Complete Mailing Address (street, address, city, state, zip)

Telephone Number

Email Address

Opposing Counsel or Self-Represented Party's Name

Complete Mailing Address (street, address, city, state, zip)

Telephone Number

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