



## 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.**

<b>I. Case Information</b>				
<b>Lines marked with an * are required fields.</b>				
*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? _____				
<b>II. Requestor Information</b>				
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	
<b>III. Transcript Items Requested</b>				
<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):				
<b>IV. Private Party Transcript Delivery and Cost</b>				
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 <b>30 days</b> from request/payment.	Within <b>72 hours</b> from request/payment.	Within <b>24 hours</b> from request/payment.	Within <b>same day</b> 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 (\$30 Flat Rate)				

\_\_\_\_\_  
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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