



TRANSCRIPT REQUEST FORM

AKRON MUNICIPAL COURT
217 South High Street 7th Floor, Akron Ohio 44308
Tele (330) 375-2676 Fax (330)375-2017

To request a transcript please complete this form. Once the completed form is received, your request will be forwarded to the court reporter assigned to your case. The transcript will be prepared after you are contacted by the court reporter. **Expedited requests needed within 48 hours should be made in person or by telephone. Deposit and payment are due prior to delivery of the transcript as follows:**

	ORDINARY DELIVERY (7-10 days)	EXPEDITED DELIVERY (within 2-6 days)
ORIGINAL	\$3.25 per page	\$4.00 per page
COPY	\$.25 per page	\$.25 per page

Exceptions may apply.

Check One (exceptions may apply):

- Ordinary (7-10 days)
 Expedited (within 48 hours)

ORDERING PARTY INFORMATION (* - required information)

* First Name

* Last Name

Attorney Registration Number

* Business Telephone Number

Alternate Telephone Number

* Email Address

TRANSCRIPT INFORMATION

Defendant's Name

* Case Number

Judge's Name

* Hearing Date

Check Whichever Apply

- Arraignment
- Pretrial
- Plea
- Motion Hearing
- TPO Hearing
- Preliminary Hearing
- Continuance
- Bench Trial
- Jury Trial
- Voir Dire
- All Witnesses
- Sentencing
- Call with Estimate

Specific Witnesses

**To be completed by Court Personnel*

Prepared by: _____

Date Provided: _____

Total Cost: _____ pages @ _____ per page = _____