



TRANSCRIPT REQUEST FORM

AKRON MUNICIPAL COURT
217 South High Street 7th Floor, Akron Ohio 44308
Tele (330) 375-2676 Fax (330) 375-2303

To request a transcript, please complete this form and email it to:
TranscriptRequests@akronohio.gov.

Once the completed form is received, you will be contacted by the Court Reporter. The transcript will be prepared after you are contacted by the Court Reporter. **Deposit and payment (to be determined) are due prior to delivery of the transcript as follows:**

	ORDINARY DELIVERY	EXPEDITED DELIVERY
ORIGINAL	\$3.25 per page	\$4.00 per page
DIGITAL TRANSCRIPT	\$2.00 per page	\$2.00 per page
PROCESSING FEE	\$20.00 (separate fee)	
AUDIO CD	\$2.50	

Exceptions may apply.

Check One (exceptions may apply):

Ordinary (7-10 business days)

Expedited (2-6 business days)

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

Plea

TPO Hearing

Continuance

Jury Trial

Pretrial

Motion Hearing

Preliminary Hearing

Bench Trial

Voir Dire

All Witnesses

Sentencing

Call with Estimate

Specific Witnesses:

Submit

**To be completed by Court Reporter*

Prepared by:

Date Provided:

Total Cost: _____ pages @ _____ per page = _____