

<b>AKRON MUNICIPAL COURT</b>  <b>Transcript Request Form</b>					FOR COURT USE ONLY RECEIVED:  DUE DATE:	
Name			Phone Number			
			Email Address			
Mailing Address			City		State	Zip Code
Case Number/Judge/Magistrate			Case Name			
<b>TRANSCRIPT REQUESTED</b>						
	Date(s)			Date(s)		
Arraignment			Voir Dire			
Pretrial Proceeding			Witness Testimony			
Plea						
Motion Hearing			Small Claims			
Protection Order Hearing			Eviction			
Continuance						
Bench Trial			Sentencing			
Jury Trial			Other			
Trial transcript delivery dates may vary. <span style="float: right;">Date:</span>						
<b>FOR COURT USE ONLY</b>			Please check one of the following:			
<b>Category</b>		<b>Estimated Cost</b>	<b>Category</b>		<b>Price Per Page</b>	
Ordinary	<input type="checkbox"/>		Ordinary Delivery		\$3.25 per page	
Priority	<input type="checkbox"/>		Priority Delivery		\$6.00 per page	
Processing Fee	<input type="checkbox"/>	\$20.00 separate fee	Audio CD		\$2.50	
Transcript prepared by:						
	Date	By		Amount	Date	
Order Received			Deposit Paid			
Deposit Paid			Total Charges			
Transcript Ordered			Less Deposit			
Notified to Pick Up Transcript			Total Due			
Processing Fee (Clerk's Office)						

Email completed form to [TranscriptRequests@akronohio.gov](mailto:TranscriptRequests@akronohio.gov)  
 If you have questions, please contact Court Reporter Glynis Miller 330.375.2676.