

AKRON MUNICIPAL COURT <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* <b>Required</b>	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.			Date:		
FOR COURT USE ONLY			Please check one of the following:		
Category		Estimated Pages	Category	Civil	Criminal/Traffic
Ordinary	<input type="checkbox"/>		Ordinary Delivery	\$4.00 per page	\$5.00 per page
Priority	<input type="checkbox"/>		Priority Delivery	\$6.50 per page	\$6.50 per page
Processing Fee	<input type="checkbox"/>	\$20.00 separate fee	Audio CD	\$5.00	
Transcript prepared by:					
		Date	By	Amount	Date
Order Received				Total Charges	
Estimated Cost				Deposit Paid	
				Total Due	
Processing Fee (Clerk's Office)					

If you have technical issues with this form, please contact Akron Municipal Court IT 330.375.2547.

If you have questions about the content of this form, please contact Court Reporter Glynis Miller 330.375.2676.