

# AKRON MUNICIPAL COURT

## Transcript Request Form

FOR COURT USE ONLY  
RECEIVED:  
  
DUE DATE:

Name		Phone Number			
		Email Address			
Mailing Address		City		State	Zip Code
Case Number	Judge/Magistrate* <span style="color: red;">Required</span>	Case Name			

### TRANSCRIPT REQUESTED

	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)					

**Email completed form as an attachment to [TranscriptRequests@akronohio.gov](mailto:TranscriptRequests@akronohio.gov)**

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.