TRANSCRIBER/COURT REPORTER REQUEST
Office of Court Appointed Counsel

Attorney_____ Date _____

Phone No _____ Fax No _____

Case No _____ Defendant Name _____

Charges _____ Co-Defendants _____

_____ _____

Name of Transcriber/Court Reporter _____

Type of transcript (check appropriate box or boxes)

☐ Witness Interview ☐ Law Enforcement Interview ☐ Jail CD

☐ Other (explain) _____

Date delivered/requested: _____Transcriber ___ Court Reporter _____

Are copies of transcript needed for co-defendant's counsel? ☐ Yes ☐ No

List names of co-counsel receiving copies: _____

_____

Transcripts needed for ☐ Trial/Date _____ ☐ Motions Hrg/Date _____

Preparation for deposition of _____ on _____
Name Date

Preparation of cross exam of _____ on _____
Name Date

☐ Other _____

If requesting Rush Rate, provide detailed explanation

_____

_____

Attorney Signature: _____Date _____

OCAC Authorized Signature_____ Date _____

☐ Approved ☐ Denied

Transcribers, you may use this form as a Payment Request when submitting bills to OCAC:

Number of pages _____ ☐ Standard Rate ☐ Rush Rate