

OCAC REQUEST FOR TRANSCRIPTION

Attorney: _____ Date of Request: _____

Email: _____

Interviewer (if different than attorney): _____

Defendant: _____

Case No: _____

Co-defendants? (list separately with attorney names)

SPANISH: Yes No

Witness Name: _____

Date of Interview: _____

Length of Interview: _____

Spelling of Names Used in Interview:

Trial Date:

Date Needed: _____

Reason Needed: _____

Approved: _____

Date: _____

Transcriber Use Only:

Typed by: _____

Completed: _____