



Request for Transcript or Copy  
\_\_\_\_\_ County

Pursuant to Pa.R.J.A. 4007(A), this form must be completed by any person requesting a transcript for any court proceeding. Additional requirements may be found in the local rules of court for each judicial district. Local rules may be found by following the appropriate link at: <http://www.pacourts.us/courts/courts-of-common-pleas/>. If the cost of the transcript presents an economic hardship, there are reduced rates available to those who qualify. See Pa.R.J.A. 4007 (E). Copies of this request must be served in accordance with Pa.R.J.A. 4007(B). A deposit determined by local rule may be required.

I. Case Information				
Case Caption		Docket Number		
Presiding Judge		Courtroom		
Date(s) of Proceeding		Co-Defendant docket # (if applicable)		
Court Reporter Name (if available)				
Type of proceeding: (check the appropriate box)				
<input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Orphans' Court <input type="checkbox"/> Juvenile <input type="checkbox"/> Other: (specify) _____				
Is this transcript request associated with an appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No             Children's Fast Track <input type="checkbox"/> Yes <input type="checkbox"/> No				
II. Requestor Information				
I am Counsel for _____ <input type="checkbox"/> Self-Represented <input type="checkbox"/> Not a party to this action Court Appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this request qualify for a reduced rate pursuant to Rule 4007(E)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide proof of authorization for a reduced rate or an affidavit required by Rule 4008(B)(4) requesting waiver of all or a portion of the costs.				
Name of requestor/Attorney ID Number (if applicable)				
Agency/Firm				
Street Address		City	State	Zip
Email	Phone		Fax	
III. Transcript Items Requested				
<input type="checkbox"/> Entire proceeding <input type="checkbox"/> Jury Voir Dire <input type="checkbox"/> Opening statements <input type="checkbox"/> Closing arguments <input type="checkbox"/> Jury Instructions				
<input type="checkbox"/> Testimony (specify each witness):				
<input type="checkbox"/> Pre/Post trial hearing (specify):				
<input type="checkbox"/> Other (specify):				
IV. Private Party Transcript Delivery and Cost				
For original transcript requests, please select from the following:				
Delivery Time:	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Expedited	<input type="checkbox"/> Daily	<input type="checkbox"/> Same Day
Cost per page (electronic format)	\$2.50/page	\$3.50/page	\$4.50/page	\$6.50/page
Manner of Delivery:	<input type="checkbox"/> Electronic (PDF) format		<input type="checkbox"/> Hard copy (add \$0.25 per page to page rates)	
Other (if offered, extra charges may apply):	<input type="checkbox"/> Complex Litigation		<input type="checkbox"/> Real Time Feed	
Special requests (if offered):	<input type="checkbox"/> Minuscript/Condensed		<input type="checkbox"/> ASCII	<input type="checkbox"/> Include Word index <input type="checkbox"/> Other: _____
Are you requesting a copy of an existing transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No (For Photocopy rates, please see Rule 4008(D)).				

Requestor's Signature \_\_\_\_\_

Date \_\_\_\_\_

V. For court use only

Hard copy requested  
(apply adjusted rate)

Cost estimate

<input type="checkbox"/> Ordinary, county paid	\$	x	pages	= \$
<input type="checkbox"/> Ordinary, private paid	\$	x	pages	= \$
<input type="checkbox"/> Expedited	\$	x	pages	= \$
<input type="checkbox"/> Daily	\$	x	pages	= \$
<input type="checkbox"/> Same Day	\$	x	pages	= \$
<input type="checkbox"/> Other: _____	\$	x	pages	= \$
<input type="checkbox"/> Photocopy	\$	x	pages	= \$

Additional charges:  Complex Litigation  Real Time Feed \$

<i>Are costs waived or reduced?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Subtotal	\$
	Less deposit	- \$
	Balance due	= \$

Transcript to be prepared by:	Date of deposit:	Date assigned:	Date due:
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Date balance received:	Check/M.O. number:	Date transcript sent to requesting part(ies):
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