DC SUPERIOR COURT - COURT REPORTING DIVISION

Moultrie Courthouse, 500 Indiana Avenue NW, Room 5400, Washington, D.C. 20001 Phone: 202-879-1009 I <u>E-mail: TranscriptRecordsClerks@dccsystem.gov</u>

TRANSCRIPT REQUEST FORM

APPEAL ONON-APPEAL COPY ORIGINAL		COURT REPORTER or TAPE:			Тс	To be completed by CRD Staff:			
G ORIGINAL G					- C	ontrol Numbe	er:		
FIRST AND LAST NAME:	D C	В	Α	R		# (if app	licable)		
E-MAIL ADDRESS:						РНО	NE:		
	Firm/ Agency	(if applicable):	_			•			
MAILING ADDRESS:	Street Address:			Sta Zip Code:					
TO WHOM SHOULD A RE	FUND CHECK I	BE MADE PAYA	ABLE?						
NOTE: Refund checks to be issued	from Clerk of	f the Court for Tap	е	requests	may tak	ke up to 8 weeks	for you to	receive	via mail.
DC SUPERIOR COURT						PRESIDING			
ENTIRE CASE NAME:						COURTROO	M:		
REQUESTED PORTION:	Entire - Proceeding Other:	-				DATE OF			
DELIVERY TIME				PI	ER	ESTIMATED	ESTIMA	ATED	AMOUNT
ORIGINAL TRANSCRIP						me of request	for Orig	inal tra	nscripts.
`	REGULAR (NON-APPEAL: 30 DAYS APPEAL: 60 DAYS)				4.00				
INTERMEDIATE (14 CALENDAR DAYS)			l \$4	4.70 l		1			

DELIVERT TIME					
ORIGINAL TR	ANSCRIPTS: A minimum of a 50% deposit is require	ed at the ti	me of request	for Original tra	nscripts.
REGULAR (NON-APPEAL: 30 DAYS APPEAL: 60 DAYS)					
INTERMEDIATE (14 CALENDAR DAYS)		\$4.70			
EXPEDITE (7 CALENDAR DAYS)		\$5.35			
EXPRESS (9AM AFTER 3 FULL BUSINESS DAYS)		\$6.00			
DAILY (9AM NEXT BUSINESS DAY if ordered by 11:00 a.m.)		\$6.70			
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COPY (Select one)	(30 CALENDAR DAYS) IN (30 CALENDAR DAYS) (7 CALENDAR	\$1.00			
COPY	EXPRESS (3 BUSINESS DAYS)	\$1.20			
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of a scheduled hearing. This charge is in addition to an Original transcript.

PLEASE SELECT ONE OPTION FOR THE FORMAT OF HOW YOU WISH TO RECEIVE YOUR TRANSCRIPT:

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Supervisorin

COURT REPORTER REALTIME FEED

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