**Deschutes County Circuit Court**

1100 NW Bond Street

Bend, Oregon 97703

**Transcript Request**

|  |  |  |
| --- | --- | --- |
| **Requestor Information:** | | |
| Today’s Date: | Click here to enter text. | |
| Name: | Click here to enter text. | |
| Relation to Case: | Choose an item. | Click here to enter text. |
| Telephone: | Click here to enter text. | |
| Address: | Click here to enter text. | |

|  |  |
| --- | --- |
| **Case Information:** | |
| Case Name: | Click here to enter text. |
| Case Number: | Click here to enter text. |
| Date(s) of Hearing/Trial | Click here to enter text. |

**Please mail or deliver this form to: Deschutes County Circuit Court**

**Audio Copy/Transcript Coordinator**

**1100 NW Bond Street**

**Bend, OR 97703**

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| **To be completed by Court Staff** | | | |
| Date Received | Date Assigned | Transcriber Name | Notes |
|  |  |  |  |