

**Marion County Circuit Court
REQUEST FOR TRANSCRIPT**

Please complete this form to request typed transcripts of a court appearance. Please note that you will not receive the actual recording of the appearance. To complete this request, you must complete this form and pay a \$10.00 processing fee for each day of a judicial proceeding to the courts. The payment must be made at the time the request is submitted. There will be additional costs assessed by the transcriber. The court will send your request to a court certified transcriber who will contact you for further payment and an estimated completion date.

Date of request: _____ Case number: _____

Case name: _____

Hearing date(s): _____

Approximate hearing length: _____

Courtroom, if known: _____ Tape number, if applicable: _____

The person listed below has requested a transcript to be prepared from a Marion County Circuit Court hearing that was either audio, video, or digitally recorded. Please contact the requesting party regarding this request. *Attached is a certified copy of the hearing for transcription.*

Requestor's name: _____

Address: _____

(city) _____ (state) _____ (zip code) _____

Phone number (____) _____ Email address: _____

<p><i>For court use only:</i> <input type="checkbox"/> <i>The processing fee has been paid.</i></p> <p>Transcriber: _____</p> <p>Court log:</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> In your box at the courthouse <input type="checkbox"/> Not available</p> <p><input type="checkbox"/> Not attached (reason) _____</p>
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