

Request for Transcrip	t 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: <a href="http://www.pacourts.us/courts/courts-of-common-pleas/">http://www.pacourts.us/courts/courts/courts-of-common-pleas/</a> 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)			
Criminal Civil Family Orphans' Court Juvenile Other: (spe	cify)		
Is this transcript request associated with an appeal? Yes No Chil	dren's Fast Track Ye	es No	
II. Requestor Information			
I am Counsel for Self-Court Appointed? Yes No Does this request qualify for a reduced rate pursuant to Rule 4007(E)? Yes No If Yes, please provide proof of authorization for a reduced rate or an affidavit required by Rule 4008(B)(4) in		arty to this action on 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			
	ng arguments	nstructions	
Testimony (specify each witness):			
Pre/Post trial hearing (specify):			
Other (specify):			
IV. Private Party Transcript Delivery and Cost			
For original transcript requests, please select from the following:			
Delivery Time:	Daily	Same Day	
Cost per page (electronic format) \$2.50 page \$3.50 per page	\$4.50 per page	\$6.50 per page	
Manner of Delivery: Electronic (PDF) format Hard	copy (add \$0.25 per page	e to page rates)	
Other (if offered, extra charges may apply):	ime Feed		
Special requests (if offered): Minuscript/Condensed ASCII Include Word	l index Other:		
Are you requesting a copy of an existing transcript? Yes No (For Photocopy	rates, please see Rule 4008	(D)).	
Requestor's Signature	Date		

Case Caption:				
Name of Requestor:				
Date of Request:				
V. For court use only		Hard copy requested (apply adjusted rate)		
Cost estimate		İ		
Ordinary, county paid	\$	X	pages	= \$
Ordinary, private paid	\$	X	pages	= \$
Expedited	\$	x	pages	= \$
Daily	\$	Х	pages	= \$
Same Day	\$	Х	pages	= \$
Other:	_ \$	X	pages	= \$
Photocopy	\$	х	pages	= \$
Additional charges: Complex Litigation	Real Time Fee	ed		\$
		Subtot	al	\$
Are costs waived or reduced? Yes No  Less deposit  Balance due		Less deposit		- \$
		ce due	= \$	
Transcript to be prepared by:	Date of deposit:	Date as	ssigned:	Date due: