Summit County Court of Common Pleas								FOR COURT USE ONLY RECEIVED:	
Transcript Request Form							DUE DATE:		
Name				Phone Number					
				Email Address					
Mailing Address			City			State	Zip Code		
Case Number				Case Name					
					-				
5 /	<u> </u>		TRANSCI	RIPT RE	QUESTED	Т			
Portion(s) Arraignment		Date(s)		Voir F	Portion(s) Voir Dire		Date(s)		
Arraignment				VOIL	VOII DITE				
Pretrial Proceeding				Witne	Witness Testimony				
Plea				All	All Witnesses				
Motion Hearing				Specific Witnesses (list below)		pelow)			
Protection Order Hearing									
Continuance									
Bench Trial				Sentencing					
ury Trial				Other	Other				
Certification: By	signing bel	ow, I understand tl	hat I am r	responsi	ble for all costs asso	ociated with this	s reques	t.	
Signature				Date					
OR COURT USE	ONLY								
Category		Estimated Co	st						
Ordinary				All daily/overnight and expedited requests needed within three (3) business days should be made by					
Expedited	_			calling	calling the Chief Court Reporter at 330.643.2382.				
Daily/Overnight					Please allow 48 hours to process your request.				
Transcript prepar	ed by:								
		Date	Ву	y		Amount		Date	
Order Received					Deposit Paid				
Deposit Paid					Total Charges				
ranscript Ordered					Less Deposit				
Notified to Pick Up					Total Refunded				