## FOR COURT USE ONLY **Summit County Court of Common Pleas RECEIVED: Transcript Request Form DUE DATE:** Phone Number Name **Email Address Mailing Address** City State Zip Code Case Number Case Name TRANSCRIPT REQUESTED Portion(s) Date(s) Portion(s) Date(s) Voir Dire Arraignment **Pretrial Proceeding** Witness Testimony All Witnesses Plea **Motion Hearing** Specific Witnesses (list below) **Protection Order Hearing** Continuance Bench Trial Sentencing Jury Trial Other Certification: By signing below, I understand that I am responsible for all costs associated with this request. Signature Date FOR COURT USE ONLY **Estimated Cost** Category All daily/overnight and expedited requests needed Ordinary within three (3) business days should be made by calling the Chief Court Reporter at 330.643.2382. Expedited Daily/Overnight Please allow 48 hours to process your request. Transcript prepared by: By Amount Date Date Order Received Deposit Paid **Deposit Paid Total Charges Transcript Ordered** Less Deposit Notified to Pick Up Transcript **Total Refunded** Party Received Transcript **Total Due**