Request for Transcript or Copy

Beaver 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: http://www.pacourts.us/courts/courts-of-common-pleas/

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 (specify)

Is the Transcript Associated with an Appeal? ☐ Yes ☐ No Children's Fast Track: ☐ Yes ☐ No

II. Requestor Information

I am Counsel for _____ ☐ Self- Represented ☐ Not a party to this action

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) requesting waiver of all or a portion of the costs.

_____

Name of requestor / Attorney ID Number (If applicable)

_____

Agency/Firm:_____ Court Represented: ☐ Yes ☐ No

Street Address:_____ City:_____ State:_____ Zip:_____

Email:_____ Phone:_____ Fax: _____

III. Transcript Items Requested

☐ Entire proceeding ☐ Jury Voir Dire ☐ Opening statements ☐ Closing arguments ☐ Jury Instructions

☐ Testimony (specify each witness):

☐ Pre/Post trial hearing (specify):

☐ Other (specify):

IV. Private Party Transcript Delivery and Cost

For the original transcript request, please select from the following:

Delivery Time:	☐ Ordinary	☐ Expedited	☐ Daily	☐ Same Day
Cost per page:	$3.50 page	$4.50 page	$5.50 page	$7.50 page

Do you want a email copy: ☐ Yes ☐ No

Special Requests (if offered): ☐ Minuscript/Condensed ☐ ASCII ☐ Include Word Index ☐ Other:_____

Are you requesting a photocopy of an existing transcript? ☐ Yes ☐ No (For photocopy rates, please see Pa.R.J.A 4008(D)

_____	_____	_____	_____
Requestor's Signature	Date	Presiding Judge's Approval	Date