

AKRON MUNICIPAL COURT Transcript Request Form					FOR COURT USE ONLY RECEIVED: DUE DATE:	
Name			Phone Number			
			Email Address			
Mailing Address			City		State	Zip Code
Case Number/Judge/Magistrate			Case Name			
TRANSCRIPT REQUESTED						
	Date(s)		Date(s)			
Arraignment		Voir Dire				
Pretrial Proceeding		Witness Testimony				
Plea						
Motion Hearing		Small Claims				
Protection Order Hearing		Eviction				
Continuance						
Bench Trial		Sentencing				
Jury Trial		Other				
Trial transcript delivery dates may vary. Date:						
FOR COURT USE ONLY			Please check one of the following:			
Category		Estimated Cost	Category		Civil	Criminal/Traffic
Ordinary	<input type="checkbox"/>		Ordinary Delivery		\$4.00 per page	\$5.00 per page
Priority	<input type="checkbox"/>		Priority Delivery		\$6.50 per page	\$6.50 per page
Processing Fee	<input type="checkbox"/>	\$20.00 separate fee	Audio CD		\$5.00	
Transcript prepared by:						
	Date	By		Amount	Date	
Order Received			Deposit Paid			
Deposit Paid			Total Charges			
Transcript Ordered			Less Deposit			
Notified to Pick Up Transcript			Total Due			
Processing Fee (Clerk's Office)						

Email completed form to TranscriptRequests@akronohio.gov
 If you have questions, please contact Court Reporter Glynis Miller 330.375.2676.