

<b>AKRON MUNICIPAL COURT</b>  <b>Transcript Request Form</b>					FOR COURT USE ONLY RECEIVED:  DUE DATE:	
Name			Phone Number			
			Email Address			
Mailing Address			City		State	Zip Code
Case Number/Judge/Magistrate			Case Name			
<b>TRANSCRIPT REQUESTED</b>						
	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. <span style="float: right;">Date:</span>						
<b>FOR COURT USE ONLY</b>			Please check one of the following:			
<b>Category</b>		<b>Estimated Pages</b>	<b>Category</b>		<b>Civil</b>	<b>Criminal/Traffic</b>
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			Total Charges			
Estimated Cost			Deposit Paid			
			Total Due			
Processing Fee (Clerk's Office)						