*To ensure that all functions of the form are available it is recommended that you install and open this file in Adobe Acrobat Reader.

AKRON MUNICIPAL COURT Transcript Request Form									FOR COURT USE ONLY RECEIVED: DUE DATE:		
											Name
					Email Address						
Mailing Address					City				State	Zip Code	
Case Number/Judge/Magistrate					Case Name					<u> </u>	
			-	TRANSC		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	date	s may vary.			Date	2:				
FOR COURT US	E ONLY		Please check one of the following:					wing:			
Category			Estimated Pages		Category			Civil		iminal/Traffic	
Ordinary					Ordi	Ordinary Delivery		\$4.00 per page		5.00 per page	
Priority					Priority Delivery \$6		\$6.50	5.50 per page		6.50 per page	
Processing Fee		\$	\$20.00 separate fee		Audio CD \$5.00)				
Transcript prepa	red by:						I				
			Date By					Amount		Date	
Order Received						Total Charges					
Estimated Cost					Deposit Paid						
						Total Due					
Processing Fee (Clerk's Office)											

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