*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	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

Category		Estimated Pages
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Priority	☐	
Processing Fee	☐	$20.00 separate fee

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Priority Delivery	☐ $6.50 per page	☐ $6.50 per page
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	Date	By		Amount	Date
Order Received			Total Charges		
Estimated Cost			Deposit Paid		
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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.

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