

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	<i>Required: Judge/Magistrate</i>		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.						
FOR COURT USE ONLY			<i>Required: Please check one of the following text boxes below.</i>			
Category		Estimated Pages	Category	Civil	Criminal/Traffic	
Ordinary	☐		Ordinary Delivery	\$4.00 per page	\$5.00 per page	
Priority	☐		Priority Delivery	\$6.50 per page	\$6.50 per page	
Processing Fee	☐	\$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)						

Email completed form as an attachment to TranscriptRequests@akronohio.gov

If you have technical issues with this form, please contact Akron Municipal Court IT 330.375.2547.

If you have questions about the content of this form, please contact Court Reporter Glynis Miller 330.375.2676.