FOR OFFICE USE ONLY

INVOICE NUMBER: _____

DATE RECEIVED: _____

COURT OF COMMON PLEAS
MUNICIPAL COURT
HAMILTON COUNTY, OHIO

TRANSCRIPT REQUEST

Case No.: _____ **Appeal No.:** _____

Case Caption: _____ **vs.** _____

Plaintiff Defendant

Judge: _____ **Notes:** _____

Date of Court proceeding: _____

Name of Court Reporter (if known): _____

Transcript page rates for preparation of the original transcript:

Regular rate (more than 10 business days)…….….$4.50

Expedited (by 8 a.m. the next calendar day) rate…….....$7.95

1 to 5 business day(s) rate…….…..…..$5.95

6 - 10 business days rate……...…$5.45

The fee for a copy of a prepared transcript is $0.10 per page for a paper copy or free for an electronic copy.

For questions regarding transcripts or to make payment arrangements, please call the Court Reporter's Office at (513) 946-5400.

Transcript Order Information

Date transcript order to be completed: _____ Page rate applicable: _____

Transcript to be filed by the Court Reporter? Yes/ No Transcript for a pending appeal? Yes/ No

Additional paper copy ($.10/page)? Yes/No Additional electronic copy (free)? Yes/No

Name: _____ Atty. Lic. #: _____

Phone # (required): _____ E-mail: _____

_____

Signature

RETURN COMPLETED FORM TO THE COURT REPORTER'S OFFICE
1000 MAIN STREET, ROOM 555, CINCINNATI, OH 45202 OR BY FAX (513)946-5455.

E-mail completed forms to transcripts@cms.hamilton-co.org (NOTE: Please fill all fields)