Cass County Friend of the Court

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REQUEST FOR TRANSCRIPT

Date Requested: _____

Person Requesting Transcripts:_____

Contact phone number:_____

Date of Hearing, Proceedings, etc.:_____

Docket/ Case #:_____

_____ vs. _____
Plaintiff Defendant

Plaintiff's Attorney:_____

Defendant's Attorney:_____

Check one: _____ Requesting transcript of entire proceeding
_____ Requesting partial transcript of specific testimony, etc.
(please note partial transcripts are not prepared for less than 15 minutes of total testimony)

Description of partial testimony requested:_____

_____

Approximate length of hearing, testimony, etc:_____

Date you need transcript by:_____

DO NOT WRITE BELOW THIS LINE—FOC USE ONLY

Estimated Number of page:_____ x $2.05 / original pages_____
($0.30 per page for each additional copy)

Required Deposit to initiate transcript:$_____

The transcriber will be contacting you regarding your deposit and any other information that might be needed. Transcripts will not be started until a deposit is received. Upon completion, overpayments will be refunded. Any balance due must be paid prior to delivery of completed transcript. Payments made to the Friend of the Court will be returned and may delay preparation of you transcript.