

TRANSCRIPT REQUEST FORM

This transcript request form must be completed by any person requesting a transcript from any court proceeding whether reported stenographically or by electronic recording means.

Transcription Rates

Pagosa Springs Municipal
Court Transcript Rates

Deposit \$25.00

Ordinary Per Page \$3.00

Expedited Service Per Page \$3.75

Transcripts will not be started and the time limits stated for delivery of transcripts will not commence until satisfactory payment arrangements are made for required fees. To avoid any disputes as to dates or payment, a dated receipt for payment shall be provided to requester.

ORDERING PARTY INFORMATION

1. Full Name (Include Firm Name)	2. Phone Number	3. Email Address	
4. Mailing Address	5. City	6. State	7. Zip Code

TRANSCRIPT INFORMATION

8. Case No.	9. Case Caption (i.e. People v. John Doe)	10. County
11. Judicial Officer	12. Order For <input type="checkbox"/> Appeal <input type="checkbox"/> Civil <input type="checkbox"/> Upcoming Hearing/Trial on _____ <input type="checkbox"/> Non-Appeal <input type="checkbox"/> Criminal <input type="checkbox"/> Other	

13. Transcript Requested (Specify portion(s) and date(s) of proceeding(s) requested)

Portion(s)	Date(s)	Time(s)	Portion(s)	Date(s)	Time(s)
<input type="checkbox"/> Entire Proceedings			<input type="checkbox"/> Testimony (Specify Witness)		
<input type="checkbox"/> Jury Voir Dire					
<input type="checkbox"/> Opening Statements					
<input type="checkbox"/> Closing Arguments			<input type="checkbox"/> Pre/Post Trial Hearing (Spcy)		
<input type="checkbox"/> Jury Instructions					
<input type="checkbox"/> Judge's Ruling					

ORDERING INFORMATION

14. Date of Request/Date Transcript Needed	15. Rate Category: <input type="checkbox"/> Ordinary (30 days) <input type="checkbox"/> Expedited (10 days)
16. Orig. + Copies (Spcy #) _____ + _____ = _____	17. Certification (By signing below, I certify that I will pay all charges.) Signature: _____ Date: _____

FOR COURT USE ONLY (ERO = Electronic Records Operator)

Date of Request	Transcript To Be Prepared By	Date Transcriptionist Contacted	
Notice of Estimate to Ordering Party Date _____ # of pages _____	Date of Deposit/Satisfactory Payment Arrangements	Deposit Paid \$ _____	Bal Pd/Refund \$ _____
Date Transcript Mailed/Delivered	I certify that the preparation of this transcript is in compliance with the fee & format prescribed. _____ Transcriptionst Signature Date		