FOR OFFICE USE ONLY
INVOICE NUMBER:
DATE RECEIVED:
DATE COMPLETED:
NUMBER OF PAGES:

COURT OF COMMON PLEAS MUNICIPAL COURT HAMILTON COUNTY, OHIO

TRANSCRIPT REQUEST

Case No.: Appeal No.:	
Ecug'Ecr vkqp: "Vs. "Defendant	
Judge:""aaaa" """"P qvgu<'" aaaaaaaa	aaaaaaaaaaaaaaaaaaaaaaaa
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)\$4.56 Expedited (by 8 a.m. the next calendar day) rate\$7.96 1 to 5 business day(s) rate\$5.95 6 - 10 business days rate\$5.43	transcripts or to make payment arrangements, please call the Court Reporter'.
The fee for a copy of a prepared transcript is \$0.10 per page for a paper c for an electronic copy.	<i>Office at</i> *735+'946-5400.
Transcript Order Information	
Date transcript order to be completed: Page 1	rate applicable:
Transcript to be filed by the Court Reporter? Yes/ No Transcript for	or a pending appeal? Yes/ No
Additional paper copy (\$.10/page)? Yes/No Additional electron	ic copy (free)? Yes/No
Name: Atty. Phone # (required): E-mail:	Lic. #:

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