



Request for Transcript or Copy
 Chester County

Pursuant to Pa.R.J.A. 4007(A), this form must be completed by any person requesting a transcript for any court proceeding. Additional requirements may be found in the local rules of court for each judicial district. Local rules may be found by following the appropriate link at: <http://www.chesco.org/>. If the cost of the transcript presents an economic hardship; there are reduced rates available to those who qualify. See Pa.R.J.A. 4007 (E). Copies of this request must be served in accordance with Pa.R.J.A. 4007(B). A deposit determined by local rule may be required.

You must Contact Court Reporter Office (610-344-6985) to obtain name of court reporter & page estimate.

I. Case Information				
Lines marked with an * are required fields.				
*Case Caption	*Docket Number			
*Presiding Judge	*Courtroom			
*Date(s) of Proceeding	*Estimated Page Count _____			
*Court Reporter Name:	* Is this a copy of an already prepared transcript? Yes or No			
Type of proceeding: (check the appropriate box)				
Criminal Civil Family Orphans' Court Juvenile Other: (specify) _____				
Is this transcript request associated with an appeal? Yes No Children's Fast Track: Yes No PCRA: Yes No				
II. Requestor Information				
I am Counsel for _____ Self-Represented Not a party to this action Court Appointed? Yes No				
Name of requestor/Attorney ID Number (if applicable)				
Agency/Firm				
Street Address _____ City _____ State _____ Zip _____				
Email _____ Phone _____ Fax _____				
III. Transcript Items Requested				
Entire proceeding Opening statements Closing arguments Jury Instructions				
Testimony (specify each witness):				
Pre/Post trial hearing (specify):				
Other (specify):				
IV. Private Party Transcript Delivery and Cost				
For original transcript requests, please select from the following:				
Delivery Time:	Ordinary	Expedited	Daily	Same Day
Cost per page:	\$3.25 (PDF) \$3.50 (Hard Copy) \$4.00 (Both)	Contact Court Reporters Office for Availability	Contact Court Reporters Office for Availability	Contact Court Reporters Office for Availability
Manner of Delivery:	Electronic (PDF) format		Hard copy	Include Word index
Does this request qualify for a reduced rate pursuant to Pa.R.J.A. 4007(E)? Yes No If yes, please provide proof of authorization for a reduced rate or an affidavit required by Pa.R.J.A. 4008 (B) (4) requesting a waiver of all or a portion of the costs.				

Requestor's Signature

Date

MANDATORY SUPPLEMENT FOR REQUESTING TRANSCRIPT OR COPY FORM

* Please complete all of the following information for each opposing counsel or self-represented party. The request for transcript form will not be processed without this information.

* Are costs to be shared with any of these parties? Yes or No

Opposing Counsel or Self-Represented Party's Name

Complete Mailing Address (Street, Address, City, State, Zip)

Telephone Number

Email Address

Opposing Counsel or Self-Represented Party's Name

Complete Mailing Address (Street, Address, City, State, Zip)

Telephone Number

Email Address

Opposing Counsel or Self-Represented Party's Name

Complete Mailing Address (Street, Address, City, State, Zip)

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