

TRANSCRIPT REQUEST FORM

TO: Scott Court Reporting
130 Angle Place
Stokesdale, NC 27537
336/548-4371
336/548-6461 (fax)

Case Name: _____

Case Number: _____

Hearing Date: _____

Presiding Judge: _____

By signing below, the undersigned hereby orders a copy of the **TRANSCRIPT** in the above-captioned case hearing at the transcript rates listed below. A deposit based on the estimated cost of the transcript will be required, and the balance is payable upon delivery. Should more than one party request a transcript, the cost of the original transcript will be divided between those parties. The Office of Administrative Hearings will retain the original transcript. There will be an additional fee for shipping.

(Please check below):

STANDARD DELIVERY

_____ Original transcript (\$1.80 per page) plus Copy of transcript (\$1.20 per page)

EXPEDITED DELIVERY

_____ **Three-day turnaround:** Original transcript (\$3.60 per page) plus Copy of transcript (\$2.40 per page)

_____ **Five-day turnaround:** Original transcript (\$3.15 per page) plus Copy of transcript (\$2.10 per page)

_____ **Seven-day turnaround:** Original transcript (\$2.70 per page) plus Copy of transcript (\$1.80 per page)

Authorized signature

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