

REQUEST FOR TRANSCRIPT- INSTRUCTIONS

As per the PA Rules of Judicial Administration- Rule 4007 (effective January 1, 2017), the following is a brief outline of the procedure for filing a transcript request in Clearfield County by all persons requesting a transcript of either a civil or criminal court proceeding:

1. Contact the Court Reporter's Office for an estimate (814) 765-2641 Ext. 2099
2. Requestor must complete the 'Request for Transcript or Copy,' entering the information on Page 1 only.
3. Requestor must then submit the 'Request for Transcript or Copy' **and** one-half (1/2) of the total cost to the District Court Administrator.

The District Court Administrator will complete Page 2 of the transcript request. Forms can be submitted in person or mailed to:

Clearfield County Court Administration
 Attn: Office of Court Reporter
 230 East Market Street, Suite 228
 Clearfield County, PA 16830

Note: The Court Reporter will not begin the process of preparing the transcript until at least one-half (1/2) of payment is received.

Note: No cash or personal checks will be accepted. Money orders, certified checks, or law firm checks must be made payable to 'County of Clearfield.'

4. Once one-half (1/2) of payment is received, transcription shall begin and shall be completed within the requested time period.
5. The Court Reporter will notify the Requester when the transcript is completed. **Final payment must be submitted to the District Court Administrator within seven (7) days after being notified of completion.** The transcript will not be filed of record until receipt of the remainder of the outstanding cost is received by the District Court Administrator.

Questions or concerns may be directed to Court Administration at (814) 765-2641 Ext. 5010.

Clearfield County Cost Rates:

	ORDINARY	EXPEDITED	DAILY	SAME DAY
ELECTRONIC	\$3.25 per page	\$4.25 per page	\$5.25 per page	\$8.25 per page
HARD COPY	\$3.50 per page	\$4.50 per page	\$5.50 per page	\$8.50 per page

Request for Transcript or Copy

CLEARFIELD 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.pacourts.us/courts/courts-of-common-pleas/>

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.

I. Case Information	
Case Caption:	Docket Number:
Presiding Judge:	
Date(s) of Proceeding:	
Court Reporter Name (if available):	
Case Type (check the appropriate box): <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Orphans' Court <input type="checkbox"/> Juvenile	
Type of Proceeding: <input type="checkbox"/> Suppression <input type="checkbox"/> Argument <input type="checkbox"/> Trial <input type="checkbox"/> Plea <input type="checkbox"/> Sentence or "Other" (please specify): _____	
PCRA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Transcript Associated with an Appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Children's Fast Track: <input type="checkbox"/> Yes <input type="checkbox"/> No
II. Requestor Information	
Name of Requestor/Attorney ID Number (if applicable): _____	
I am: <input type="checkbox"/> Counsel for _____ <input type="checkbox"/> Unrepresented <input type="checkbox"/> Not a party to this action	
Agency/Firm: _____ Court Represented: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address: _____ City: _____ State: _____ Zip: _____	
Email: _____ Phone: _____ Fax: _____	
Does this request qualify for a reduced rate pursuant to Pa.R.J.A. 4007(E)? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
III. Transcript Items Requested	
<input type="checkbox"/> Entire proceeding <input type="checkbox"/> Jury Voir Dire <input type="checkbox"/> Opening statements <input type="checkbox"/> Closing arguments <input type="checkbox"/> Jury Instructions	
<input type="checkbox"/> Testimony (specify each witness):	
<input type="checkbox"/> Pre/Post trial hearing (specify):	
<input type="checkbox"/> Other (specify):	

IV. Transcript Delivery and Cost

For the original transcript request, please select from the following:

Delivery Time:	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Expedited	<input type="checkbox"/> Daily	<input type="checkbox"/> Same Day
Original Transcript:	Electronic (E) \$3.25 Hard Copy (HC) \$3.50	(E) \$4.25 (HC) \$4.50	(E) \$5.25 (HC) \$5.50	(E) \$8.25 (HC) \$8.50 (cost per page)
Copy for Requestor:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: Expedited, Daily, and Same Day Requests are only available where provided by the judicial district or court reporter. Costs payable by requestor shall not exceed the rates prescribed in Pa.R.J.A. 4008(A)(1) and (D)(1).				
Requesting Governmental Agency Rate (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Manner of Delivery: <input type="checkbox"/> Electronic (PDF) Format <input type="checkbox"/> Hard copy (add \$0.25 per page to page rates)				
Other (if offered, extra charges may apply): <input type="checkbox"/> Complex Litigation <input type="checkbox"/> Real Time Feed				
Special Requests (if offered): <input type="checkbox"/> Minuscript/Condensed <input type="checkbox"/> ASCII <input type="checkbox"/> Include Word Index <input type="checkbox"/> Other If Other, please specify: _____				
Are you requesting a photocopy of an existing transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No (For photocopy rates, please see Pa.R.J.A 4008(D))				

Requestor's Signature: _____

Date: _____

Note: The first requestor of a transcript is obligated to pay for the original transcript, which is filed with the court, plus the copy rate if the requestor desires a personal copy (subject to any cost sharing with additional parties).



For Court Use Only

Date of Request: _____	Docket Number: _____
Case Caption: _____	
Name of Requestor: _____	
Email: _____ Phone: _____ Fax: _____	
Are the costs waived or reduced? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date Deposit Received: _____	Deposit Check/M.O. Number: _____
Date Transcript Assigned: _____	Transcript to be Prepared By: _____
Transcript Due Date: _____	Date Transcript Completed: _____
Date Balance Received: _____	Balance Check/M.O. Number: _____
Date Transcript Sent to Requesting Parties: _____	

Ordinary, County Paid	\$	X	pages	= \$	Estimated Cost	\$
Ordinary, Private Paid	\$	X	pages	= \$	Less Deposit	-\$
Expedited	\$	X	pages	= \$	Balance Due	\$
Daily	\$	X	pages	= \$	Adjusted Cost (+/-)	= \$
Same Day	\$	X	pages	= \$	Final Page Total	
+Hard Copy	\$0.25	X	pages	= \$	Final Balance	\$
+Requestor Copy	\$	X	pages	= \$		
+Additional Charges	\$	X	pages	= \$		
Is the cost of the transcript being shared between parties? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Photocopy of Existing Transcript: <input type="checkbox"/> Yes <input type="checkbox"/> No						

Notes: