



Request for Transcript or Copy Butler 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			
<i>Case Caption</i>	<i>Docket Number</i>		
<i>Presiding Judge</i>	<i>Courtroom</i>		
<i>Date of Proceeding</i>	<i>Co-Defendant docket # (If applicable)</i>		
<i>Court Reporter Name (If available)</i>			
Type of proceeding: (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	<input type="checkbox"/> Other: (specify)		
Is this transcript request associated with an appeal?	Yes	No	Children's Fast Track
	Yes	No	
II. Requestor Information			
I am Counsel for _____		Self-Represented	Not a party to this action
<i>Court Appointed?</i> Yes No			
<i>Does this request qualify for a reduced rate pursuant to Rule 4007(E)?</i> Yes No			
<i>If Yes, please provide proof of authorization for a reduced rate or an affidavit required by Rule 4008(B)(4) requesting waiver of all or a portion of the costs.</i>			
<i>Name of requestor/Attorney ID Number (if applicable)</i>			
<i>Agency/Firm</i>			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Email</i>	<i>Phone</i>	<i>Fax</i>	
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			
<i>Testimony (specify each witness):</i>			
<i>Pre/Post trial hearing (specify):</i>			
<i>Other (specify):</i>			
IV. Private Party Transcript Delivery and Cost			
For original transcript requests, please select from the following:			
Delivery Time:	Ordinary \$2.50/ page	Expedited* \$3.50/ page	*72 hour delivery time not counting weekends and holidays. Must be requested 10 days prior to hearing. In the event of an emergency, request may be made by oral motion to trial judge. Available only if court reporter can accommodate.
Manner of Delivery:	Electronic (PDF) format		
Other (if offered, extra charges may apply):	Complex Litigation		
Are you requesting a copy of an existing transcript? Yes No (For Photocopy rates, please see Rule 4008(D)).			

Requestor's Signature

Date