TRANSCRIPT ORDER FORM

GENERAL INSTRUCTIONS

This form is used to order the transcription of proceedings. **COMPLETE A SEPARATE ORDER FORM FOR EACH CASE NUMBER AND FOR EACH COURT REPORTER FROM WHOM TRANSCRIPTS ARE ORDERED.**

CJA Counsel. CJA Counsel must complete an AUTH-24 in eVoucher to obtain approval for the transcript.

Appeal. If the case is on appeal, visit <u>https://www.ca4.uscourts.gov/</u> for transcript instructions. The transcript will need to be ordered through the United States Court of Appeals using their order form.

<u>Completion</u>. Complete Sections 1 – 4 in full.

Submitting to the Court.

Attorney – e-File the order form to the appropriate case in CM/ECF.

Non-Parties or Pro Se Parties who are not e-filers – Mail the order form to the Clerk's Office, U.S. District Court, 300 Virginia Street, East, Room 2400, Charleston, West Virginia 25301.

<u>**Transcript Fee**</u>. The Court Reporter will notify you of the amount of the required deposit fee which may be mailed or delivered to the court. <u>**Upon receipt of the deposit, the court reporter will process the order.**</u>

Delivery Time. Delivery time is computed from the date the court reporter receives: 1) deposit fee; 2) authorized CJA Form; 3) authorization from Federal Public Defender's Office; or 4) receipt of the DCN number for transcripts ordered by the federal government.

Balance Due. If the deposit fee is insufficient to cover all charges, the court reporter will notify you of the balance due, which must be paid prior to delivery of the transcript.

<u>CD Fee</u>. Upon receipt of payment of the CD fee, the Clerk's Office will process the order. Payment may be made by mailing a check or money order to Clerk's Office, U.S. District Court, 300 Virginia Street, East, Room 2400, Charleston, West Virginia 25301, or credit card by calling the Clerk's Office at 304-347-3000.

| TRANSCRIPT ORDER FORM | | | | | | | |
|---|---|--|--|--|---|--|--|
| 1. REQUESTOR'S INFO | ORMATION | | | | | | |
| ATTORNEY NAME | | TELEPHONE NUMBER E | | EMA | EMAIL ADDRESS | | |
| CONTACT PERSON (if different) | | TELEPHONE NUMBER | | EMA | EMAIL ADDRESS | | |
| MAILING ADDRESS (include law firm name, if applicable) | | | | | | | |
| | | | | | | | |
| 2. TRANSCRIPT REQUESTED | | | | | | | |
| NAME OF COURT REPORT | ER | | | | | | |
| OR CHECK HERE IF | OR CHECK HERE IF HEARING WAS RECORDED ELECTRONICALLY (CourtSmart) | | | | | | |
| CASE NUMBER | | | | | JUDGE'S NAME | | |
| DATE OF PROCEEDING TYPE OF PROCEEDING | | | | LOCATION OF PROCEEDING | | | |
| REQUEST IS FOR: (Select one) FULL PROCEEDING | | | OR SPECIFIC PORTION (Must specify below) | | | | |
| SPECIFIC PORTION(S) REQU | UESTED (if applica | ble. Confer with cour | rt reporter. | .): | | | |
| 3. TYPE OF TRANSCRIPT REQUESTED | | | | | | | |
| 3. TYPE OF TRANSCR | IPT REQUEST | ED | | Maxi | imum Rate Per I | Page | |
| | IPT REQUEST cript Type | ED | Origir | | imum Rate Per F First Copy to Each Party | Page Each Add'l Copy | |
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