

Telephone: 212-805-0300

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COURT TRANSCRIPT ORDER FORM

PLEASE TYPE OR PRINT

DATE OF ORDER: _____

AUSA: _____

PHONE #: _____

CASE NAME: _____

USAO #: _____

To: SOUTHERN DISTRICT REPORTERS, P.C.

DOCKET #: _____ MAG/JUDGE: _____

DATE (S): _____

PTC / PLEA / SENT. / OTHER /SEALED? OF: _____

SERVICES REQUESTED

- _____ REGULAR DELIVERY (30 DAYS)
- _____ EXPEDITED DELIVERY (14 DAYS) ADDITIONAL COST
- _____ EXPEDITED DELIVERY (7 DAYS) ADDITIONAL COST
- _____ DAILY DELIVERY (NEXT DAY) ADDITIONAL COST
- _____ NIGHTLY DELIVERY (SAME DAY) ADDITIONAL COST
- _____ ASCII DISK ADDITIONAL COST
- _____ MINUSCRIPT ADDITIONAL COST
- _____ COPIES OF TRANSCRIPTS ADDITIONAL COST

SUPERVISORY APPROVAL REQUIRED FOR ALL ADDITIONAL COST ITEMS

ADDITIONAL COST SERVICES

APPROVED AS NECESSARY: _____
DIVISION CHIEF / UNIT CHIEF/ DEPUTY CHIEF

RECEIPT OF TRANSCRIPTS

FROM PG. _____ TO PG. _____ TOTAL PAGES _____

I CERTIFY THAT THE ABOVE TRANSCRIPT WAS RECEIVED AND ITS
FORMAT CONFORMS TO THE APPROPRIATE GUIDELINES:

SIGNATURE

DATE RECEIVED