



# TRANSCRIPT REQUEST

Court Address 113 Chestnut Street, Allegan, MI 49010

Court Telephone No. (269) 673-0400

REQUESTED BY \_\_\_\_\_

**Court Appointed Attorney (transcript cost paid by the attorney.)**

ADDRESS \_\_\_\_\_

PHONE NUMBER (S) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

I request a transcript of the following court event(s) for this case. I understand the original transcript will be filed with the court and I will receive a copy. The statutory fee for transcript production is \$3.75 per page for the original transcript and .90 per page for each required copy of the transcript with a minimum charge for the transcript of \$50 and .90 per page for each copy). I understand that I must pay for all transcripts prepared because of this request and that all financial arrangements are handled with the transcriptionist, not the court.

REQUESTER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Case Number: \_\_\_\_\_

Plaintiff Name

V

Defendant Name

1. DATE OF COURT EVENT \_\_\_\_\_ JUDGE/MAGISTRATE \_\_\_\_\_

TIME OF EVENT \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_

DATE TRANSCRIPT NEEDED \_\_\_\_\_

**Transcript is needed for appeal**

2. DATE OF COURT EVENT \_\_\_\_\_ JUDGE/MAGISTRATE \_\_\_\_\_

TIME OF EVENT \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_

DATE TRANSCRIPT NEEDED \_\_\_\_\_

**Transcript is needed for appeal**

Please attach a second sheet for any additional requests as needed.

**Submit Transcript Request to: 57<sup>th</sup> District Court – JUDICIAL, 113 Chestnut Street, Allegan, MI 49010 or by email to [districtcourt@allegancounty.org](mailto:districtcourt@allegancounty.org)**

### For Court Use Only

CER assigned \_\_\_\_\_

CER email \_\_\_\_\_

Date assigned \_\_\_\_\_

CER phone: \_\_\_\_\_

### For CER Use Only

Date completed \_\_\_\_\_

Date withdrawn \_\_\_\_\_