

TRANSCRIPT ORDER FORM *(For use in Superior Court JAVS Courtrooms)*

PART I - TO BE COMPLETED BY REQUESTOR. *Please complete this form for all Superior Court civil and criminal requests and send to OTS. (For criminal requests, you must provide the Court Allowed Motion/Order).*
****DO NOT SEND PAYMENT TO OTS. Payment must be made to the Transcriber.****

1. REQUESTOR NAME	2. E-MAIL <i>(must be provided)</i>	3. PHONE <i>(must be provided)</i>	4. FAX <i>(must be provided)</i>
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5. MAILING ADDRESS	6. CASE NAME
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7. DOCKET NUMBER <i>(County must be provided)</i>	8. JUDGE & COURTROOM
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9. DATE AND TIME OF COURT PROCEEDING *(must be provided):*

DATE: _____ START TIME: _____ END TIME: _____

DATE: _____ START TIME: _____ END TIME: _____

ATTACH SEPARATE SHEET FOR ADDITIONAL DATES AND TIMES OF COURT PROCEEDINGS.

10. ESTIMATED COST OF TRANSCRIPT:
1 hour costs \$105.00 for Original, \$35. for Copy, \$155. for Expedited Original, \$55. for Expedited Copy.
1 day costs \$630.00 for Original, \$210. for Copy, \$930. for Expedited Original, \$330. for Expedited Copy.
A 50% DEPOSIT PAYMENT must be made to the Transcriber in 5 DAYS for ordinary transcripts and 1 DAY for expedited.

11. TRANSCRIPT ORDERED:

<input type="checkbox"/> ORIGINAL (\$3.00 per page, 90 day delivery)	<input type="checkbox"/> EXPEDITED ORIGINAL (\$4.50 per page, 3 day delivery)
<input type="checkbox"/> COPY (\$1.00 p/page, 90 days)	<input type="checkbox"/> EXPEDITED COPY (\$1.50 p/page, 3 days)
<input type="checkbox"/> ORIGINAL & COPY (\$4.00 p/page, 90 days)	<input type="checkbox"/> EXPEDITED ORIGINAL & COPY (\$6.00 p/page, 3 days)

FOR AN APPEAL, THE APPELLANT SHALL ORDER AN ORIGINAL & COPY; THE APPELLEE ORDERS A COPY.

12. INDIGENT TRANSCRIPT: Indigent Transcripts are paid for by the Committee for Public Counsel Services (CPCS).

INDIGENT ORIGINAL (90 day delivery) INDIGENT FIRST COPY (90 days) INDIGENT ADDITIONAL COPIES (90 days)

13. NAC (NOTICE OF ASSIGNMENT OF COUNSEL) NUMBER *(must be provided):* _____

14. STATEMENT: <i>I agree to pay the Transcriber for all work performed prior to cancellation.</i>	15. SIGNATURE	16. DATE
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PART II - TO BE COMPLETED BY STAFF

17. STAFF NAME	18. DATE	19. TRACKING NUMBER
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20. DATE OF PROCEEDING	21. START TIME	22. END TIME	23. NUMBER OF MINUTES
_____	_____	_____	_____

24. DATE CD RECEIVED FROM COURT	25. DATE CD COPIED	26. CD COPIED BY
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OFFICE OF TRANSCRIPTION SERVICES, Two Center Plaza, 9th Floor, Boston, MA 02108
Telephone: 617-878-0225, Fax: 617-878-0762,
E-Mail: ots@jud.state.ma.us, Website: www.mass.gov/courts/admin/ots

INSTRUCTIONS FOR COMPLETING TRANSCRIPT ORDER FORM

(For use in Superior Court JAVS Courtrooms)

Read these instructions before completing this form for all Superior Court civil and criminal requests and send to OTS.

USE A TYPEWRITER OR WRITE LEGIBLY WITH A PEN. Use a separate form for each request.

Item 1. REQUESTOR NAME- Provide your full Name.

Item 2. E-MAIL - Provide your E-Mail. Your E-Mail must be provided.

Item 3. PHONE - Provide your Office phone, Cell phone. Your Phone Number must be provided.

Item 4. FAX - Provide your Fax number. Your Fax Number must be provided.

Item 5. MAILING ADDRESS - Provide your Mailing Address.

Item 6. CASE NAME - Provide the full Case Name (e.g., *Comm. v. John Doe*, or *John Doe v. Jane Smith*).

Item 7. DOCKET NUMBER - Provide the full Docket Number (e.g., MICR2009-01234, or SUCV2010-56789).
The County must be provided.

Item 8. JUDGE & COURTROOM - Provide the name of the Judge that presided over the case and the Courtroom the case was held.

Item 9. DATE AND TIME OF COURT PROCEEDING. The Date, Start Time, and End Time of the court proceeding must be provided. This information is vital in locating the case on the audio.

DATE - Provide the Date of the court proceeding.

START TIME - Provide the Start Time of the court proceeding.

END TIME - Provide the End Time of the court proceeding.

Item 10. ESTIMATED COST OF TRANSCRIPT - 1 hour costs \$105.00 for Original, \$35. for Copy, \$155. for Expedited Original, \$55. for Expedited Copy. 1 day costs \$630.00 for Original, \$210. for Copy, \$930. for Expedited Original, \$330. for Expedited Copy.

A **50% DEPOSIT PAYMENT** must be made to the Transcriber in **5 DAYS** for ordinary transcripts and **1 DAY** for expedited. Transcript production begins after 50% Deposit Payment is received, and completed transcripts are released after Balance Payment is received.

Item 11. TRANSCRIPT ORDERED - Check the appropriate box to identify the Transcript Ordered: Original, Copy, Original & Copy, Expedited Original, Expedited Copy, Expedited Original & Copy.

For an Appeal, the Appellant shall order an Original & Copy; the Appellee orders a Copy.

Item 12. INDIGENT TRANSCRIPT - Check the appropriate box to identify the Transcript Ordered: Indigent Original, Indigent First Copy, Indigent Additional Copies. *Indigent Transcripts are paid for by the Committee for Public Counsel Services (CPCS).*

Item 13. NAC (NOTICE OF ASSIGNMENT OF COUNSEL) NUMBER - Your NAC Number must be provided.

Item 14. STATEMENT - The requestor must agree to pay the Transcriber for all work performed prior to cancellation, and Sign and Date the Statement.

Item 15. SIGNATURE - Provide your Signature.

Item 16. DATE - Provide the Date.

(Version 3/11)