

**TRANSCRIPT
ORDER FORM**

COURT

ORDER NUMBER

**Trial Court of Massachusetts
Office of Transcription Services**



Court Department: Housing Juvenile

PART I - TO BE COMPLETED BY PERSON PLACING ORDER

A copy of the COURT ALLOWED MOTION, COURT ORDER, NOTICE OF APPEAL, or REQUEST to Prepare the Transcript must be attached to this Order Form. Forward this Order Form and the attachments to OTS via mail or fax.

NAME, ADDRESS, TELEPHONE, AND E-MAIL OF PERSON PLACING ORDER

NAME OF CASE

DOCKET NUMBER OF CASE

NUMBER OF
TRANSCRIPTS
ORDERED

DATE(S) OF PROCEEDING(S)

IS THIS PROCEEDING PRESENTLY PENDING ON APPEAL?

YES NO

Copies are for:

Regular Transcript Expedited Transcript Indigent Transcript

NAC NUMBER

**Regular Transcript is \$3.00 per page for the original and \$1.00 per page for copies.
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and \$0.10 per page for additional copies. NAC NUMBER MUST BE PROVIDED.**

Check One:

Asst. Atty. Gen Dist. Atty. Asst. Dist. Atty. Clerk

CPCS Atty. Appellant Appellee Bar Advocate Other _____
Specify

ADDITIONAL COMMENTS:

Portions Requested:

Entire Proceeding Opening Statement (D) Opening Statement (P)

Closing Argument (D) Closing Argument (P) Opinion Of Court

Jury Instructions Sentencing Bail Hearing Voir Dire Plea

Testimony _____ Pre-Trial Proceeding _____
Specify *Specify*

Other _____
Specify

I AGREE TO OBSERVE THE RESTRICTIONS ON THE USE OF SUCH TRANSCRIPT COPIES IN COOPERATION WITH THE OFFICE OF TRANSCRIPTION SERVICES.
*CANCELLATION FEES APPLY (SEE REVERSE SIDE OF FORM).

Signature of Person Placing Order / Date

PART II - TO BE COMPLETED BY THE CLERK

NAME OF THE CLERK

COURT/ ROOM

CD NO.	DATE RECORDED	BEGINNING TIME STAMP	ENDING TIME STAMP	JUDGE	SPECIAL INSTRUCTIONS OR COMMENTS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For additional space, please see reverse side of form.

ORDERS WILL BE RETURNED IF TIME STAMPS ARE NOT PROVIDED.

CD COPIED BY (*Print Clearly*)

DATE COPIED ON

Are the Docket, Log Notes, Exhibit, Jury,
and/or Witness Lists attached to the Order Form?

DATE ORDER RECEIVED

DATE ORDER SENT TO OTS

YES NO

PART III - TO BE COMPLETED BY THE OFFICE OF TRANSCRIPTION SERVICES (OTS)

OTS RECEIPT STAMP

DATE ASSIGNED
TO TRANSCRIBER

TRANSCRIBER NAME

EXPECTED RETURN
DATE OF TRANSCRIPT

