

TOTAL # OF AUDIO HOURS:

TRANSCRIPT ORDER FORM

REQUESTED TRANSCRIBER: LMP Court Reporting (508) 641-5801 LMPREPORTING@GMAIL.COM

Part 1 - TO BE COMPLETED BY REQUESTOR

Fields with a (*) must be provided, otherwise, your form will be returned

1. REQUESTOR	2. EMAIL*					
3. PHONE* Office:	4. MAILING ADDRESS					
Cell:						
5. COURTHOUS	6. COURT DEPARTMENT*					
7. CASE NAME	8. DOCKET NUMBER*					
10. JUDGE NAN	9. COURTROOM NUMBER*					
11. IS THIS AN A For an APPEAL, the subsequent copies.	Appellees:					
Yes Dir	rect No					
Clerk Email:						
12. DATE AND	TIME OF COURT	PROCEEDING*				
Date:		Date:	Date:		Date:	
Start time:	End time:	Start time:	End time:		Start time:	End time:
Date:		Date:	Date:		Date:	
Start time:	End time:	Start time:	End time:		Start time:	End time:

ATTACH SEPARATE SHEET FOR ADDITIONAL DATES AND TIMES OF PROCEEDINGS

LMP Court Reporting

TRANSCRIPT ORDER FORM

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Part 1 (continued)

(Each Copy & Additional Copy are \$1/page,	,	•			
ORIGINAL (\$3.00/page)	Y (\$1.00/page)	ORIGINAL & COPY (\$4.00/page)			
RUSH ORIGINAL (\$4.50/page)		RUSH ORIGINAL & ONE COPY (\$6.00/page			
A COPY may ONLY be ordered if an ORIGINAL has be For an APPEAL, the Appellant orders original & all su		# of copies:			
14. INDIGENT TRANSCRIPTS* Is this order being paid for by the Committee for Pub Yes No	;	If you select "YES", you must either provide an Allowed Motion of Indigency on a separate sheet, or provide a NAC (Notice of Assignment of Counsel) number here:			
15. STATEMENT:					
I agree to pay the transcriber unless I cancel in writing.	16. SIGNAT 17. DATE*	URE*			

READ INSTRUCTIONS BEFORE COMPLETING TRANSCRIPT ORDER FORM- 01/2020

All items in Part I must be provided, otherwise your form will be returned. Please type or write legibly with a pen.

Item 3. PHONE – Provide your Office and Cell Phone numbers

Item 4. MAILING ADDRESS – Provide your Mailing Address.

Item 5. COURTHOUSE – Provide the name of the Courthouse of the requested proceeding.

Item 6. COURT DEPARTMENT - Provide the name of the Court Department of the requested proceeding.

Item 7. CASE NAME - Provide the full Case Name of the requested proceeding. (Example: Comm. v. John Doe)

Item 8. DOCKET NUMBER- Provide the Docket Number of the requested proceeding.

Item 9. COURTROOM NUMBER - Provide the Courtroom Number of the requested proceeding.

Item 10. JUDGE NAME- Provide the name of the Judge present at the requested proceeding.

Item 11. IS THIS AN APPEAL? - If this case is on appeal, mark YES. If this case is not on appeal, mark NO

Item 12. DATE AND TIME OF COURT PROCEEDING - Date, start time and end time of the requested court proceeding must be provided.

Item 13. TRANSCRIPT ORDERED - Check the appropriate box to identify Transcript Ordered: Original, Copy, Original & Copy, Rush Original, Rush Copy or Rush Original & Copy. A copy may ONLY be ordered if an Original has been previously prepared. For an appeal the appellant shall be responsible for making arrangements for payment fort he transcript to be filed in the Trial Court and for the copies of the transcript for all parties.

ESTIMATED COST OF REGULAR AND RUSH TRANSCRIPTS – Estimated costs of transcripts are based on producing approximately 50 pages of transcript for 1 hour of recording. Regular delivery of 1 hour of recording costs \$150.00 (50 pages at \$3.00/page) Rush delivery of 1 hour of recording costs \$225.00 (50 pages at \$4.50/page).

The transcriber will provide you with an estimated cost, deposit payment amount, and expected delivery date. When the transcriber receives your deposit payment, they will provide you with an expected delivery date.

DEPOSIT PAYMENT AND TRANSCRIPT DELIVERY (DO NOT SEND PAYMENT TO OTS) - The deposit payment to the transcriber must be made within 5 days for Regular Delivery and 1 day for Rush Delivery. If you do not provide the transcriber with the deposit payment within this time frame, your order will be canceled. When the transcriber confirms your deposit payment has been received, you can expect your transcript within 90 days for Regular Delivery or 1-7 days for Rush Delivery, depending on the length of the audio recording.

Item 14. INDIGENT TRANSCRIPTS - If the case is one for which the court has approved a waiver of costs for the requester or client of the requester, check yes, indicating that an affidavit of indigency has been filed, and the court has allowed a waiver of costs. If you select "YES", you must either provide an Allowed Motion of Indigency on a separate sheet, or provide a NAC (Notice of Assignment of Counsel) number in the field provided.

Item 15. STATEMENT - The requestor must agree to pay the transcriber for work performed unless the requestor cancels in writing

Item 16. SIGNATURE - Provide your Signature.

Item 17. DATE - Provide the Date

LMP Court Reporting

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Additional Dates and Times of Proceedings

Date:		Date:	Date:			Date:	
Start time:	End time:	Start tin	ne:	End time:		Start time:	End time:
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Start time:	End time:	Start tin	ne:	End time:		Start time:	End time:
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