

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA**

AT \_\_\_\_\_

**V.**

**CASE NUMBER**

**REQUEST FOR TRANSCRIPT FROM AN ELECTRONIC RECORDING  
OR FOR PURCHASING A COPY OF AN AUDIO TAPE OR CD**

Requestor's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Judicial officer presiding: \_\_\_\_\_

Proceeding date(s): \_\_\_\_\_

Proceeding location(s): \_\_\_\_\_

Proceeding type(s)<sup>1</sup>: \_\_\_\_\_

Attorney present at hearing (*list all attorneys*):

Witness called at proceeding (*list all witnesses*):

Court reporter name/Tape number/Courtflow: \_\_\_\_\_

<sup>1</sup> Proceeding types include: Motion Hearing, Voir Dire, Jury Selection, Jury Trial, Day 1, 2, etc., Bench Trial, Day 1, 2, etc., Jury Verdict, Sentencing, Bond Hearing, Detention Hearing, Etc.

**USDC/ATTY-010 (Rev. 9/2014) Request for Transcript from an Electronic Recording or for Purchasing a Copy of an Audio Tape or CD**

Indicate type of transcript requested:

- |                                                                                                 |                                                                                               |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ordinary transcript (due 30 days from date assigned to court reporter) | <input type="checkbox"/> Daily                                                                |
| <input type="checkbox"/> 14-Day transcript (due 14 days from date assigned to court reporter)   | <input type="checkbox"/> Hourly                                                               |
| <input type="checkbox"/> Expedited (due 7 days from date assigned to court reporter)            | <input type="checkbox"/> Copy of an audio tape or CD of an electronically recorded proceeding |

Additional instructions (*Provide additional information which will aid in the preparation of the transcript*):

I acknowledge that I am responsible for payment to the court reporter for the cost of a transcript of the proceedings described herein or that I am responsible to the Clerk of Court for payment of the cost for recording of the proceedings described herein. Further, I understand that this request will not be processed until appropriate financial arrangements are made.

By: \_\_\_\_\_  
*Requestor's Signature or e-Signature*

Date: \_\_\_\_\_

- |                                                                   |                                                           |
|-------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Attorney (Civil or Criminal)             | <input type="checkbox"/> Assistant United States Attorney |
| <input type="checkbox"/> CJA Attorney (completed CJA-24 attached) | <input type="checkbox"/> Pro Se Litigant                  |
| <input type="checkbox"/> Federal Public Defender                  |                                                           |

**FOR OFFICIAL COURT USE ONLY:**

Court reporter assigned: \_\_\_\_\_

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

Delivery method:

- |                                                                                          |
|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hold for pickup                                                 |
| <input type="checkbox"/> Mail to above address                                           |
| <input type="checkbox"/> Mail to: _____                                                  |
| <input type="checkbox"/> Ship overnight:<br>via _____ Account no.: _____ Priority: _____ |