

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

**v.**

**CASE NO.**

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

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

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

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

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

Judge: \_\_\_\_\_

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

Proceeding location: \_\_\_\_\_

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

Attorneys present  
at the hearing: \_\_\_\_\_

Witness(es) called  
at the hearing: \_\_\_\_\_

<sup>1</sup> Proceeding types include: Initial Appearance; Arraignment; Detention Hearing; Motion Hearing; etc.

FOR OFFICIAL USE ONLY:	
HEARING DATE:	
JUDGE:	<input type="checkbox"/> MJ Eifert <input type="checkbox"/> MJ Tinsley <input type="checkbox"/> MJ Aboulhosn
TYPE OF REQUEST:	<input type="checkbox"/> 30 days <input type="checkbox"/> 14 days <input type="checkbox"/> 7 days <input type="checkbox"/> 3 days <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> CD
COUR REPORTER ASSIGNMENT:	

Indicate type of transcript requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Ordinary transcript ( <i>due 30 days from date assigned to court reporter</i> ) | <input type="checkbox"/> Daily   |
| <input type="checkbox"/> 14-Day transcript ( <i>due 14 days from date assigned to court reporter</i> )   | <input type="checkbox"/> Hourly  |
| <input type="checkbox"/> Expedited Transcript ( <i>due 7 days from date assigned to court reporter</i> ) | <input type="checkbox"/> Copy of CD of an electronically recorded proceeding |
| <input type="checkbox"/> 3-Day transcript ( <i>due 3 days from date assigned to court reporter</i> )     |  |

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 ( <i>Civil or Criminal</i> )             | <input type="checkbox"/> Assistant United States Attorney |
| <input type="checkbox"/> CJA Attorney ( <i>eVoucher AUTH24 submitted</i> ) | <input type="checkbox"/> Pro Se Litigant                  |
| <input type="checkbox"/> Federal Public Defender                           |   |