

**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 A CD**

Requestor's name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Judicial officer presiding: _____

Proceeding date(s): _____

Proceeding location(s): _____

Proceeding type(s)¹: _____

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

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

Court reporter name/CourtSmart: _____

¹Proceeding 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.

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"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> CD
COURT 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 (<i>to be delivered following adjournment and prior to the normal opening hour of the court on the following morning whether or not it actually is a court day</i>) |
| <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 (<i>due 7 days from date assigned to court reporter</i>) | <input type="checkbox"/> Copy of a 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 (<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 | |