

TRANSCRIPT REQUEST FORM

Petitioner

Docket# _____

vs.

File# _____

Respondent

I hereby request a transcript of the Family Court hearing in the above-captioned manner which was held in this Court on _____*, before _____.

Requester Name _____

**If requesting transcript for an Appeal, a copy of the Appellate order must be attached.*

Address _____

*Kindly use **one** form to input all appearance dates needed for transcription. Thank you.*

Telephone _____

Email _____

****Name & Address of Transcript Agency:**

Identification verified by: _____

Clerk

***Please choose and provide the name and address of a Transcription Service that is **Reporter Deck** capable (able to provide transcripts from audio tapes and compact discs) since Westchester Family Court proceedings are electronically recorded. The **Electronic Recorder Transcription Services list** and **Transcript Request Form** may be obtained from the Court Clerk or by visiting the website: www.nycourts.gov/courts/9jd/Westchester/family/forms.shtml Once this form is completed, you may fax it to 914-995-8650.*

Date: _____

Office Use Only

Date of Hearing: _____

Date of Hearing: _____

Court Reporter: _____

Court Reporter: _____

Electronic Reading _____

Electronic Reading _____

Tape# 1 2

Tape# 1 2

Range _____

Range _____