

COUNTY OF _____

Control Number: _____/20_____

REQUEST FOR AUDIO RECORD

Transcribe Listen Copy (FTR | Audio)

vs.

Processed by

Audio Picked Up

Audio E-mailed

Transcript Received

Req. Recv. By Email

Initials	Date

NAME OF JUDGE: _____

DATE OF TRIAL

TIME OF TRIAL

PART AND ROOM #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUEST MADE BY:

NAME _____

ADDRESS _____

PHONE #: () - _____

E-MAIL ADDRESS _____

REQUESTED TRANSCRIPTION COMPANY

SEE AUTHORIZED TRANSCRIPTION COMPANY LIST

Signature

Date