

REQUEST FOR TRANSCRIPTION OF MINUTES

INSTRUCTIONS

1. Please obtain a “Request for Transcription of Minutes” form from one of the following locations in the NYS Supreme Court, Nassau County:
 - a. Courtroom of Court Attorney Referee in which matter was heard.
 - b. Subpoenaed Records located on the lower level of 100 Supreme Court Drive.
 - c. Online at: <http://www.nycourts.gov/courts/10jd/nassau/forms/>
2. You must select an approved transcription agency from the following official court link:
 - a. <http://www.nycourts.gov/howdoi/transcripts.shtml>
3. Make arrangements with one of the approved transcription service companies and finalize payment and delivery options with them.
 - a. The transcription agency, through their agreement with the NYS Court System, must return the CD with log-notes (if any); and they must also provide a courtesy copy of the requested minutes to the court. These items should be mailed to:

NYS Supreme Court
Attn: Subpoenaed Records Room, Michael Radigan
100 Supreme Court Drive
Mineola, NY 11501
4. Submit the completed and signed form:
 - a. Email to: mrادigan@courts.state.ny.us or,
 - b. Drop form off at the Subpoenaed Records Room located on the lower level of 100 Supreme Court Drive.

REQUEST FOR TRANSCRIPTION OF MINUTES

NYS SUPREME COURT
100 SUPREME COURT DRIVE
MINEOLA, NY 11501

Michael Radigan, Principal Court Analyst
Ph. 516.571.0864
Email: mradigan@courts.state.ny.us

INSTRUCTIONS:

1. Submit the completed and signed form:
 - Email to: mradigan@courts.state.ny.us or,
 - Leave with the Subpoenaed Records Room, on the lower level of 100 Supreme Court Drive.

Index #: _____ Date of Proceeding: _____

Plaintiff: _____ Defendant: _____

Proceeding Type: Trial / Hearing / Stipulation / Other (explain) _____
(Circle One)

Court Attorney / Referee's Name: _____

Courtroom Used: Basement / 154 / 3002 / 3022 - (Circle One)

I request a transcript of the above referenced proceeding. I have reviewed the list of authorized transcription agencies and have made arrangements, including payment and delivery, with the following agency: (View List at: http://www.nycourts.gov/howdoi/See_Atta.pdf)

Name of Agency: _____ Phone Number: _____

Address of Agency: _____

YOUR CONTACT INFORMATION

I understand the court will mail the disc to the agency within a reasonable period of time.

Name: _____ Date: _____

Address: _____ Signature: _____

Office Phone: _____

***** SUPREME COURT USE ONLY *****

Time Range on CD: _____ Date Agency Notified: _____

Mailed to Agency by: _____ Date: _____

Received Courtesy Copy on: _____