

**Family Court of the State of New York  
City of New York**

Please provide the following information

County of: \_\_\_\_\_

\_\_\_\_\_  
**Petitioner**  
  
**V**  
  
\_\_\_\_\_  
**Respondent**

\_\_\_\_\_  
**Docket Number**  
  
**REQUEST for TRANSCRIPT - Electronic Recording**  
  
( see attached instructions for completing and  
mailing this form to the appropriate Family  
Court.)

**Judge/Support Magistrate/Referee:** \_\_\_\_\_

**Court Part:** \_\_\_\_\_ **Date(s) of hearing(s):** \_\_\_\_\_

**Your name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**E-mail :** \_\_\_\_\_

I request a transcript of the above hearing. I understand that I will be charged for the transcript. I have reviewed the list of authorized transcription services and select the following service.

\_\_\_\_\_  
**Name of service**

\_\_\_\_\_  
**Signature**

**Today's date:** \_\_\_\_\_

**To be completed by Court**

Counter no. /time stamp of proceeding: \_\_\_\_\_

Date completed by Court: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent of transcription service