

MINUTE ORDER FORM/RECEIPT

THIS FORM IS NOT TO BE
USED TO ORDER TRANSCRIPTS
UNDER JUDICIARY LAW 299

SUPREME COURT
Fill in County
~~CRIMINAL~~—CIVIL DIVISION (Circle One)
MINUTE ORDER FORM AND RECEIPTS

TITLE OF ACTION: PEOPLE V. _____

I IMPORTANT

JUSTICE/JUDGE
MUST INITIAL THIS
BOX IF DAILY COPY
IS ORDERED.

☐

JUSTICE/JUDGE
MUST INITIAL THIS
BOX IF EXPEDITE
COPY IS ORDERED.

☐

DATE OF APPEALS BUREAU ORDER: _____
COURT REPORTER(S): _____
(Print) (Location)
INDICTMENT NUMBER: _____ NYSIS NUMBER: _____
PART NUMBER: _____ JUDGE: _____ J.S.C.
DATE(S) OF PROCEEDING: _____ TOTAL COPIES: _____
TYPE OF ORDER: (Circle One)
APPEAL DAILY (NEXT DAY DELIVERY) EXPEDITE (THREE DAY DELIVERY)
(Check One) ☐ Sentence (CPL 380.70) ☐ Plea (PL 70.02)(5)(c) ☐ Other Proceeding: _____

II

COURT'S ORDER
AND AUTHORIZATION
FOR MINUTES

IT IS HEREBY ORDERED, that the above-named reporter is authorized pursuant to appropriate statutes, (JL 302.; CPL 380.70; PL 70.02(5)(c) to furnish minutes and to bill for same in the above action to:
(Circle One) COURT ASSIGNED COUNSEL

DATE: _____ HON: _____

III

COURT AND/OR
ASSIGNED COUNSEL
RECEIPT OF
MINUTES

This is to acknowledge receipt of a copy of minutes in the above-entitled action, consisting of _____ pages. (Circle One) DAILY EXPEDITE (3 DAY DEL.) REGULAR (FOR 18B.)

DATE(S): _____ HON. _____ J.S.C.

DATE _____ ASSIGNED COUNSEL: _____

DATE _____ ASSIGNED COUNSEL: _____

DATE _____ ASSIGNED COUNSEL: _____

YOU ARE OBLIGED TO RETURN ALL TRANSCRIPTS FURNISHED TO YOU BY THE STATE.

IV

RECEIPT OF MINUTES
BY APPEALS BUREAU,
CLERKS OFFICE,
RECORD ROOM, OR
CLERK OF THE PART.

RECEIVED from the above-named reporter(s) minutes furnished in the above-entitled action, consisting of _____ pages. Total numbers of copies received: _____.

DATE: _____

(Circle One) Appeals Bureau Record Room Signature of Clerk
Clerk of the Part Clerks Office

V

INSPECTION AND
AUTHORIZATION
FOR BILLING BY
TRANSCRIPT
AUDITOR

MINUTES INSPECTED BY: _____ DATE: _____

REPORTER'S COPY INSPECTED _____ (Initials of Auditor)

PARTIAL TRANSCRIPT SUBMITTED: _____ (Initials of Auditor)

1. PAYMENT AUTHORIZED FOR: _____ pages. TOTAL NUMBER OF COPIES _____

2. PAYMENT AUTHORIZED FOR: _____ pages. TOTAL NUMBER OF COPIES _____

Signature of Auditor
and Payment Authorization

WHITE COPY: OCA-NYC BUDGET OFFICE COPY TRANSCRIPT UNIT
GREEN COPY: AUTHORIZATION FOR BILLING
YELLOW COPY: TRANSCRIPT AUDITOR'S COPY
PINK COPY: APPEALS BUREAU COPY
GOLD COPY: COURT REPORTER'S COPY

**IMPORTANT:
SUBMIT ONLY WHITE
AND GREEN PAGES**

MOFR-S.CRTS/
G.A.O. REV. 7/99