



TRANSCRIPT REQUEST

Court Address
212 E. Paw Paw Street Suite 212, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8200, x2211

REQUESTED BY: _____ Court Appointed Attorney

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE NUMBER(S): _____

E-MAIL ADDRESS: _____

I request a transcript of the following court event(s) for this case. I understand the original transcript will be filed with the court and I will receive a copy. The statutory fee for transcript production is \$1.75 per page for the original transcript and 30¢ per page for each required copy of the transcript. I understand that I must pay for all transcripts prepared because of this request and that all financial arrangements are handled with the transcriptionist, not the court.

REQUESTER'S SIGNATURE: _____ DATE: _____

Case Number: _____

Plaintiff name

v

Defendant name

IN THE MATTER OF: _____

1. DATE OF COURT EVENT: _____ JUDGE/REFEREE: _____

TIME OF EVENT: _____

TYPE OF EVENT: _____

DATE TRANSCRIPT NEEDED: _____ Transcript is needed for appeal

2. DATE OF COURT EVENT: _____ JUDGE/REFEREE: _____

TIME OF EVENT: _____

TYPE OF EVENT: _____

DATE TRANSCRIPT NEEDED: _____ Transcript is needed for appeal

Please attach a second sheet for any additional requests as needed.

**Submit Transcript Request to: Court Services – Suite 212
212 E. Paw Paw Street
Paw Paw, MI 49079**

Or by email at vbcourts@vbco.org

For Court Use Only

CER/CSR assigned: _____ CER/CSR email: _____

Date of assignment: _____ CER/CSR phone: _____

For CER / CSR Use Only

Date Completed: _____ Date Withdrawn: _____