



First Judicial District of Pennsylvania
Court Reporters, Digital Recording and Interpreters Administration
100 South Broad Street, 2nd Floor
Philadelphia, Pa. 19110
(215)-683-8000
Fax# (215)-683-8005

PLEASE READ THIS ENTIRE LETTER BEFORE REQUESTING NOTES OF TESTIMONY.

THERE WILL BE NO RESPONSE FROM THIS OFFICE UNLESS YOU COMPLY WITH THE REQUIREMENTS BELOW.

All requests must be in writing with the complete documentation required, as described below. Our office can only process complete forms. In any criminal case you are entitled to **ONE** free copy of the transcript, which is only provided to the court-appointed attorney or Defender that represents you. If a different attorney is appointed by the Court at different appeal stages, the transcript is transferred to the next attorney, or a copy is made and directly given to the appeal attorney, when requested by him/her.

In order for a defendant to receive an *additional* free copy, an **ORDER** must be signed by the judge. This applies to defendants claiming *in forma pauperis* status. This office cannot process your request without a signed **ORDER** by the judge stating that you have been approved to proceed *in forma pauperis* by the Court. If you can pay for your notes, you may simply order them by filling out the attached order form. Please note this office will accept only checks or money order for payment.

If you cannot afford to pay for the notes, please follow the instructions below:

By direction of the President Judge of the First Judicial District, you and your court-appointed attorney or Defender are entitled to **ONE** copy of your transcript; this is the copy that the attorney uses to represent you. **Therefore, contact your attorney to find out if the notes of testimony were ordered and in the possession of your attorney.**

If your court-appointed attorney or Defender has ordered the notes and will be using them to represent you, you cannot receive a second copy from this office unless you pay for them.

If your court-appointed attorney or Defender has not ordered the notes, please ask your attorney to do so. If private counsel represented you and ordered the notes, you must request those notes from that attorney; otherwise, if you order the notes yourself, you will be obliged to pay for them.

ATTORNEYS ARE NOT REQUIRED TO SEND YOU A SEPARATE COPY OF THE TRANSCRIPT.

THE ATTORNEY WILL NEED THE TRANSCRIPT TO REPRESENT YOU PROPERLY. IT IS UP TO YOU AND YOUR ATTORNEY TO DECIDE WHEN YOU CAN HAVE ACCESS TO THE TRANSCRIPT.

1.) When new counsel is appointed to your case, or you are waiting for counsel to be appointed to your case, please be advised that the first attorney is responsible for transferring the transcript to the next attorney. Private attorneys who have not been paid by you are NOT required to release the transcript to you.

2.) IF YOU HAVE ALREADY RECEIVED A COPY OF YOUR NOTES OF TESTIMONY, A SECOND COPY WILL NOT BE SENT FREE OF CHARGE.

3.) If you want to pay for an additional copy, send the attached form to this office. **DO NOT SEND ANY MONEY UNTIL NOTIFIED BY THIS OFFICE. ONLY COMPLETED FORMS WILL BE PROCESSED. ALL INFORMATION MUST BE COMPLETED AND DOCUMENTATION MUST BE ATTACHED. WHEN COMPLETING THE ORDER FORM, PLEASE INCLUDE YOUR PP AND/OR STATE INMATE NUMBER, AND YOUR DATE OF BIRTH.**

4.) If you are representing yourself, you must have a court order allowing you to proceed *pro se*. Fill out the attached form and attach the orders signed by the **JUDGE** that say you have been granted permission to proceed *pro se* and have been granted the right to proceed *in forma pauperis*. Requests for free transcripts without these orders **WILL NOT BE PROCESSED.**

No action will be taken by this office without the required signed orders and a completed form. A request form to proceed *in forma pauperis*, or *pro se*, is not considered a signed order. Obtain the Order signed by a Judge before you request the transcripts.

5.) The following information is provided for your convenience:

Philadelphia Defenders Association (267)-765-6500

Office of Judicial Records (215)-683-7700 (For case information.)

District Attorney's Office (215)-686-8000



First Judicial District of Pennsylvania
Court Reporter, Digital Recording and Interpreter Administration
 Land Title Building, 100 South Broad Street, Second Floor
 Philadelphia, Pennsylvania 19110
Phone: 215-683-8000 Email: transcripts@courts.phila.gov

Case Name: _____	Case No.: _____
Date(s) of Hearing/Trial: _____	Co-Defendant Docket Number: _____
Judge: _____	Reporter Name: _____ Phone #: _____
Courtroom: _____ Next Hearing Date: _____	Reporter Email: _____
Type of Proceeding: Criminal Civil Family Orphans' Court	Juvenile Other: (specify) _____
Is this transcript request associated with an appeal? Yes No	Children's Fast Track: Yes No
Name of Requesting Party: _____	Signature: _____
Phone: _____	Today's date: _____
Counsel Name (if applicable): _____	Self-represented Not a Party to this action
Attorney ID Number: _____	
Agency/Firm: _____	
Street Address: _____	
City, State, Zip: _____	
Email Address: _____	

Counsel Status: District Attorney Defender Association Court-Appointed Private Counsel/Party Judicial Staff City Solicitor

Transcript Items Requested: _____

Transcript Delivery & Cost: ****MAKE CHECK/MONEY ORDER PAYABLE TO "FJD PROCUREMENT****

Original/Ordinary (\$3 page) **Expedited (72hrs \$4.50 page)** **Daily (18hrs \$6 page)** **Same Day (w/6hrs of session \$9 page)**

**Court-Appointed Counsel must attach appointment letter to Transcript Order Form (see above)*
**Private Counsel Only-If ordering expedited, daily, or same day, complete order form and contact office and reporter*

***** INTERNAL OFFICE USE ONLY *****

Copy of Transcript Previously Transcribed: Yes No (As per fee schedule) **Manner of Delivery:** Electronic (pdf) Hard Copy

INVOICE FOR TRANSCRIPT

Invoice for Deposit: Pursuant to Pa. R.J.A. No. 4007, transcription will commence upon receipt of deposit. Pursuant to Phila R.J.A. No. *4007(D), the deposit shall be 95% of the estimated cost of the transcript.

Number of Pages: _____ Date of Completion: _____ Cost Waived or Reduced: Yes No

Deposit Required: **YES**

Deposit Amount: _____ Date of Deposit: _____ Check #: _____

Final Payment Amount: _____ Date of Payment: _____ Check #: _____

***I understand that pursuant to Pa.R.J.A. No. 4007, transcription will not commence until the required deposit is received.**