

470TH JUDICIAL DISTRICT COURT

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REQUEST FOR REPORTER'S RECORD

Cause No(s).: _____

STYLE: _____ *vs.* _____

Date(s) of Proceeding(s): _____

Type of Proceeding: _____

Requestor's Name: _____

Bar Card No.: _____

Attorney for: _____

Firm Name: *(if applicable)* _____

Address: _____

Phone Number: _____

E-mail: _____

NOTES: _____

(Additional charges will apply for any of the following selected.)

EXHIBITS? YES or NO

WORD INDEX? YES or NO

EXPEDITED? YES or NO

Upcoming Trial/Hrg Date: _____ Date Transcript Needed By: _____

Requestor's

Signature: _____ **Date:** _____

An estimate of costs will be provided based on information above.

Transcription will not begin until full payment of the estimate is received.

Expedited requests are accepted only as the reporter's schedule and workload permits.

(Court-appointed Attorneys Only)

****Judge's Signature for Approval:** _____

FOR OFFICE USE ONLY

Estimate provided _____

Transcript Due _____

Deposit received _____

Notices sent _____