Audio Recording/Transcript Order Form			
1. Order Request:	2. Date of	3. Name of Ordering Party:	
Audio Recording	Order:		
Transcript			
4. Phone Number of Ordering Party:	5. Email Addres	ss of Ordering Party:	
6. Mailing Address of Ordering Party:		7. Case Number:	
8. Case Name:	9. Presiding Judge	10. Date(s) of Proceeding (use one ord form for each proceeding):	er
11. Docket No(s).:			
12. Audio/Transcript Requested: Specify the portion(s) of the proceeding that you are requesting:			
Entire proceeding	Court Ruling		
Witness Testimony	Other:		
Complete Items 13-16 for transcript orders only.			
13. Requesting a Transcript for an Appeal:			
Yes No			
14. Transcript Order Delivery Requested (please refer to www.uscourts.gov for current Judicial Conference maximum transcript rates):			
Ordinary (30 days)	14-Day Expedited	ed 7-Day Expedited	
3-Day Expedited	Daily	Hourly	
15. Name of Selected Transcriber (see the Court's list of transcribers):			
16. Email Address of Selected Transcriber:			
17. Phone Number of Selected Transc	riber:		
CERTIFICATION		18. Signature:	
By signing this document, I certify that	t I will pay all		
applicable fees and/or charges.			
For transcript requests: I certify that I			
required deposit, plus any additional of specified by the transcriber.	cnarges as	19. Date:	
specified by the transcriber.			