Meigs County Common Pleas Court

Official Court Reporter | Meigs County Common Pleas Court | 100 East Second Street | Pomeroy, Ohio 45769 | (740) 992-6439 | Fax: (740) 992-3828 | info@meigscommonpleascourt.com

COURT TRANSCRIPT REQUEST

Date of Request: _____

Requestor Information Name: _____ Attorney/Firm (if applicable): _____ Address: _____ _____ Telephone: _____ Email: _____ Relationship to Case: □ Attorney for Plaintiff/Petitioner □ Attorney for Defendant/Respondent □ Self-Represented Litigant □ Prosecutor □ Court-Appointed Counsel □ Other: _____

Case Information Case Caption (Style of Case): _____ _____ Case Number: _____ Judge: _____

Hearing(s) Requested Please identify each hearing to be transcribed. Date of Hearing | Type of Hearing (e.g., Sentencing, Trial, Motion Hearing, etc.) _____ |
_____ _____ |
_____ _____ |
_____ _____ |
_____ Attach an additional sheet if requesting transcripts from more than three proceedings.

Transcript Requested For □ Entire proceeding(s) □ Partial transcript (please specify exactly what is requested):
_____
_____
_____

Purpose of Request □ Appeal □ Personal Records □ Pending Motion □ Post-Conviction Proceedings □ Other: _____

Delivery Method □ Printed transcript □ Electronic PDF (if available) □ Both printed and electronic copy

Payment Information Transcript preparation is subject to the fees established by the Court and the Official Court Reporter. A deposit may be required before preparation begins. The requestor is responsible for payment of all transcript costs unless otherwise ordered by the Court. □ I understand that transcript preparation will not begin until any required deposit has been received. □ I understand that expedited transcripts may not be available and are subject to the Court Reporter's schedule.

Certification I certify that the information provided above is accurate and that I am requesting this transcript in accordance with the Rules of Court and any applicable orders of the Court. Signature: _____ Printed Name: _____ Date: _____

FOR COURT REPORTER USE ONLY

Date Request Received: _____ Deposit Required: □ Yes □ No Deposit Amount: $_____ Deposit Received: _____
Estimated Completion Date: _____ Transcript Pages: _____ Total Cost: $_____
Date Completed: _____ Date Delivered:

____ Method of Delivery: ____

Court Reporter Initials: ____________________________________