



TRANSCRIPT REQUEST

Court Address: Coleman A. Young Municipal Center: 2 Woodward Avenue, Suite 770, Detroit, MI 48226
 Email: Transcripts@3rdcc.org
 Court Telephone No.: (313) 224-0409

SECTION A: REQUESTING PARTY INFORMATION

Name (full name)		Telephone #	
Address	City	State	Zip
Email			
Connection to the Case (select one)			
<input type="checkbox"/> Court (Judge) <input type="checkbox"/> Court Appointed Attorney <input type="checkbox"/> Prosecutor <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Case Party <input type="checkbox"/> Other: _____			

I request a transcript of the specified court event(s) for this case. I understand the original transcript will be filed with the court, and I will receive an electronic copy. The statutory transcript fees are \$3.75 per original page and \$0.90 per copy page. Any rates differing from these are a private arrangement between me and the court reporter / recorder. I understand I am responsible for all transcript costs incurred by this request, and financial arrangements are handled directly with the court reporter / recorder, not the court.

NOTE: For appellate matters involving Adult Criminal / Juvenile Neglect & Delinquency cases, transcripts are paid by the Court. For non-appeal pending Adult Criminal Cases, transcript costs are paid by IDSD as long as indigency standards are met. Only statutory rates will be paid.

REQUESTER'S SIGNATURE: _____ DATE: _____

SECTION B: TRANSCRIPT REQUEST DETAILS

1. Transcript is needed for (select one and explain why below):
 Appeal Non-Appeal Justification: _____

2. Judge / Referee: _____

3. Case Number(s): _____ Petition Number(s): _____

Plaintiff name	v	Defendant name
In the Matter of:		

4. Date(s) and Type(s) of Court Hearing(s): (list each individually)

5. Transcript timeframes for appeals are set by MCR 7.210. The same timeframes will be used for non-appeals transcript requests. Court Reporters / Recorders and requesting parties may agree to rates for expedited transcripts that differ from the statutory limits of \$3.75 per page + \$0.90 per copy. Court funded transcripts will follow the statutory limits.

Timeframes	Hearing Types
14 Days	Motions to Suppress Evidence
28 Days	Criminal Convictions based upon a plea
42 Days	Interlocutory Criminal Appeal / Custody Matters
91 Days	All other matters

6. Submit Transcript Request to applicable physical address OR send by email listed above.

For Court Use Only	
Court Reporter / Recorder Assigned: _____	Court Reporter / Recorder Email: _____
Date of assignment: _____	Court Reporter / Recorder Phone: _____
Original Plus _____ copies to be provided.	Email Addresses to be sent a copy: _____
Determination of Indigency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is Paying: <input type="checkbox"/> Requesting Party <input type="checkbox"/> IDSD <input type="checkbox"/> Court
Justification: _____	
For Court Reporter / Recorder Use Only	
Date Due: _____	Date Withdrawn: _____
Date Completed: _____	