

**TRANSCRIPT ORDER**

**DUE DATE:**

*Please Read Instructions:*

1. NAME		2. PHONE NUMBER		3. DATE	
4. DELIVERY ADDRESS OR EMAIL		5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER	9. JUDGE		DATES OF PROCEEDINGS		
		10. FROM		11. TO	
12. CASE NAME		LOCATION OF PROCEEDINGS			
		13. CITY		14. STATE	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

**17. ORDER**

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)  
By signing below, I certify that I will pay all charges  
(deposit plus additional).

ESTIMATE TOTAL

\$ **0.00**

18. SIGNATURE		PROCESSED BY	
19. DATE		PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY		COURT ADDRESS	
	DATE	BY	
ORDER RECEIVED			
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES \$ 0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT \$ 0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT			TOTAL DUE \$ <b>0.00</b>

## INSTRUCTIONS GENERAL

**Use.** Use this form to order the transcription of proceedings. **COMPLETE A SEPARATE ORDER FORM FOR EACH CASE NUMBER AND COURT REPORTER FOR WHICH TRANSCRIPTS ARE ORDERED.**

**CJA Counsel.** CJA Counsel must complete an Auth-24 in eVoucher.

**Appeal.** If case is on appeal, visit <http://www.ca4.uscourts.gov> for transcript instructions.

### Submitting to the Court.

**Attorney** – E-file order to the appropriate case in CM/ECF.

**Private Party** – Send order to: Clerk’s Office, US District Court, 210 Franklin Road SW, Roanoke, VA 24011

**Deposit Fee.** The court reporter will notify you of the amount of the required deposit fee which may be mailed or delivered to the address provided to you by the court reporter. Upon receipt of the deposit, the court reporter will process the order.

**Delivery Time.** Delivery time is computed from the date of receipt of the deposit fee or for transcripts ordered by the federal government from the date of receipt of the signed order form.

**Completion of Order.** The court reporter will notify you when the transcript is completed.

**Balance Due.** If the deposit fee was insufficient to cover all charges, the court will notify you of the balance due which must be paid prior to receiving the completed order.

For additional assistance: Email the court reporter coordinator at [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov) or call (434) 847-5722.

## SPECIFIC

Items 1-19. These items should always be completed.

Item 8. Only one case number may be listed per order.

Item 15. Place an “X” in each box that applies.

Item 16. Place an “X” in the box for each portion requested. List specific date(s) of the proceedings for which transcript is requested. Be sure that the description is clearly written to facilitate processing. Orders may be placed for as few pages of transcript as are needed.

Item 17. *Categories.* There are seven (7) categories of transcripts which may be ordered. Order is considered received upon receipt of the deposit. These are:

*Ordinary.* A transcript to be delivered within thirty (30) calendar days after receipt of an order

*14-Day.* A transcript to be delivered within fourteen (14) calendar days after receipt of an order.

*Expedited.* A transcript to be delivered within seven (7) calendar days after receipt of an order.

*3-Day.* A transcript to be delivered within three (3) days after receipt of an order.

*Daily.* A transcript to be delivered on the calendar day following receipt of the order (regardless of whether that calendar day is a weekend or holiday), prior to the normal opening hour of the clerk’s office.

*Hourly.* A transcript of proceedings to be delivered within two (2) hours from receipt of the order.

*Realtime.* A draft unedited transcript produced by a certified realtime reporter as a byproduct of realtime to be delivered electronically during proceedings or immediately following receipt of the order.

**NOTE:** Full price may be charged only if the transcript is delivered within the required time frame. For example, if an order for expedited transcript is not completed and delivered within seven (7) calendar days, payment would be at the 14-day *delivery* rate, and if not completed and delivered within 14 calendar days, payment would be at the ordinary delivery rate.

*Ordering.* Place an “X” in each box that applies. Indicate the number of additional copies ordered.

*Original.* Original typing of the transcript. An original must be ordered and prepared prior to the availability of copies. The original fee is charged only once. The fee for the original includes the copy for the records of the court.

*First Copy.* First copy of the transcript after the original has been prepared. All parties ordering copies must pay this rate for the first copy ordered.

*Additional Copies.* All other copies of the transcript ordered by the same party.

Item 18. Sign in this space to certify that you will pay all charges. (This includes the deposit plus any additional charges.)

Item 19. Enter the date of signing.

Shaded Area. Reserved for the court’s use.