



TRANSCRIPT REQUEST

Court Address
113 Chestnut Street, Allegan, MI 49010

Court Telephone No.
(269) 673-0400

REQUESTED BY: _____ Court Appointed Attorney (transcript cost paid by the court)

ADDRESS: _____

PHONE NUMBER(S): _____

E-MAIL ADDRESS: _____

I request a transcript of the following court event(s) for this case. I understand the original transcript will be filed with the court and I will receive a copy. The statutory fee for transcript production is \$1.75 per page for the original transcript and 30¢ per page for each required copy of the transcript. I understand that I must pay for all transcripts prepared because of this request and that all financial arrangements are handled with the transcriptionist, not the court.

REQUESTER' SIGNATURE: _____ DATE: _____

Case Number: _____

Plaintiff name

v

Defendant name

1. DATE OF COURT EVENT: _____ JUDGE/MAGISTRATE: _____

TIME OF EVENT: _____

TYPE OF EVENT: _____

DATE TRANSCRIPT NEEDED: _____ Transcript is needed for appeal

2. DATE OF COURT EVENT: _____ JUDGE/MAGISTRATE: _____

TIME OF EVENT: _____

TYPE OF EVENT: _____

DATE TRANSCRIPT NEEDED: _____ Transcript is needed for appeal

Please attach a second sheet for any additional requests as needed.

Submit Transcript Request to: 57th District Court-JUDICIAL, 113 Chestnut Street, Allegan, MI 49010 or by email to districtcourt@allegancounty.org

For Court Use Only

CER assigned: _____ CER email: _____

Date assigned: _____ CER phone: (_____) _____

For CER Use Only

Date completed: _____ Date withdrawn: _____