



TRANSCRIPT ORDER FORM - 1/2018

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Phone: 617-878-0225

Part I- TO BE COMPLETED BY REQUESTOR

Fields with a (*) must be provided, otherwise, your form will be returned

1. REQUESTOR FULL NAME*	2. EMAIL*	3. PHONE* Office: Cell:
4. MAILING ADDRESS	5. COURTHOUSE*	6. COURT DEPARTMENT*
7. COURTROOM NUMBER*		8. DOCKET NUMBER*
9. CASE NAME*	10. JUDGE NAME*	11. IS THIS AN APPEAL?* __YES __NO
12. DATE AND TIME OF COURT PROCEEDING* DATE: _____ START TIME: _____ END TIME: _____ DATE: _____ START TIME: _____ END TIME: _____ DATE: _____ START TIME: _____ END TIME: _____ DATE: _____ START TIME: _____ END TIME: _____ DATE: _____ START TIME: _____ END TIME: _____ DATE: _____ START TIME: _____ END TIME: _____ TOTAL # OF AUDIO HOURS: _____ ATTACH SEPARATE SHEET FOR ADDITIONAL DATES AND TIMES OF PROCEEDINGS		
13. TRANSCRIPT ORDERED*: (For more information, READ INSTRUCTIONS, Item 13.) __ORIGINAL (\$3.00/page) __COPY (\$1.00/page) __ORIGINAL & COPY (\$4.00/page) __RUSH ORIGINAL (\$4.50/page) __RUSH ORIGINAL & COPY (\$6.00/page) A COPY may ONLY be ordered if an ORIGINAL has been previously prepared. For an APPEAL, the Appellant orders an Original & Copy; the Appellee orders a COPY.		
14. INDIGENT TRANSCRIPTS*: Is this order being paid for by the Committee for Public Counsel Services? __YES __NO If you select "YES", you must either provide an Allowed Motion of Indigency on a separate sheet, or provide a NAC (Notice of Assignment of Council) number here: _____		
15. STATEMENT: <i>I agree to pay the transcriber unless I cancel in writing.</i>	16. SIGNATURE*	17. DATE*
TO BE COMPLETED BY STAFF: TRACKING NUMBER _____		

READ INSTRUCTIONS BEFORE COMPLETING TRANSCRIPT ORDER FORM – 1/2018

All items in Part I must be provided, otherwise your form will be returned. *Please type or write legibly with a pen.*

Item 1. REQUESTOR NAME – Provide your Full Name.

Item 2. EMAIL – Provide your Email address.

Item 3. PHONE – Provide your Office and Cell Phone numbers

Item 4. MAILING ADDRESS – Provide your Mailing Address.

Item 5. COURTHOUSE – Provide the name of the Courthouse of the requested proceeding.

Item 6. COURT DEPARTMENT- Provide the name of the Court Department of the requested proceeding.

Item 7. COURTROOM NUMBER- Provide the Courtroom Number of the requested proceeding.

Item 8. DOCKET NUMBER- Provide the Docket Number of the requested proceeding.

Item 9. CASE NAME – Provide the full Case Name of the requested proceeding. (example – Comm v. John Doe)

Item 10. JUDGE NAME- Provide the name of the Judge present at the requested proceeding.

Item 11. IS THIS AN APPEAL? - If this case is on appeal, mark YES. If this case is not on appeal, mark NO

Item 12. DATE AND TIME OF COURT PROCEEDING- Date, start time and end time of the requested court proceeding must be provided. *If you don't know the exact start/end time, AM or PM is helpful in locating the specific case on the audio recording.*

Item 13. TRANSCRIPT ORDERED- Check the appropriate box to identify Transcript Ordered: Original, Copy, Original & Copy, Rush Original, Rush Copy or Rush Original & Copy. **A copy may ONLY be ordered if an Original has been previously prepared.** For an appeal, the Appellant orders an Original & Copy; the Appellee orders a Copy.

ESTIMATED COST OF REGULAR AND RUSH TRANSCRIPTS – Estimated costs of transcripts are based on producing approximately 50 pages of transcript for 1 hour of recording. **Regular delivery of 1 hour of recording costs \$150.00** (50 pages at \$3.00/page) **Rush delivery of 1 hour of recording costs \$225.00** (50 pages at \$4.50/page).

The transcriber will provide you with an estimated cost, deposit payment amount, and expected delivery date. When the transcriber receives your deposit payment, they will provide you with an expected delivery date.

DEPOSIT PAYMENT AND TRANSCRIPT DELIVERY (DO NOT SEND PAYMENT TO OTS) - The deposit payment to the transcriber must be made within 5 days for Regular Delivery and 1 day for Rush Delivery. ***If you do not provide the transcriber with the deposit payment within this time frame, your order will be cancelled.*** When the transcriber confirms your deposit payment has been received, you can expect your transcript within 90 days for Regular Delivery or 1-7 days for Rush Delivery, **depending on the length of the audio recording.**

Item 14. INDIGENT TRANSCRIPTS- If the case is one for which the court has approved a waiver of costs for the requester or client of the requester, check yes, indicating that an affidavit of indigency has been filed, and the court has allowed a waiver of costs. If you select “YES”, you must either provide an **Allowed Motion of Indigency** on a separate sheet, or provide a **NAC (Notice of Assignment of Council) number** in the field provided.

Item 15. STATEMENT - The requestor must agree to pay the transcriber for work performed unless the requestor cancels in writing

Item 16. SIGNATURE - Provide your Signature.

Item 17. DATE - Provide the Date