

Request for Transcript or Copy Lehigh County



Pursuant to Pa.R.J.A. 4007(A), this form must be completed by any person requesting a transcript for any court proceeding. Additional requirements may be found in the local rules of court for each judicial district. Local rules may be found by following the appropriate link at: <http://www.pacourts.us/courts/courts-of-common-pleas/>

If the cost of the transcript presents an economic hardship, there are reduced rates available to those who qualify. See Pa.R.J.A. 4007 (E). Copies of this request must be served in accordance with Pa.R.J.A. 4007(B). A deposit determined by local rule may be required.)

I. Case Information	
<i>Case Caption</i>	<i>Docket Number</i>
<i>Presiding Judge</i>	
<i>Date(s) of Proceeding</i>	
<i>Court Reporter Name (If available)</i>	
Case Type (check the appropriate box) <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Orphans' Court <input type="checkbox"/> Juvenile	
Type of Proceeding: <input type="checkbox"/> Suppression <input type="checkbox"/> Argument <input type="checkbox"/> Trial <input type="checkbox"/> Plea <input type="checkbox"/> Sentence	
or "Other" (please specify): _____	
PCRA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Transcript Associated with an Appeal <input type="checkbox"/> Yes <input type="checkbox"/> No	
Children's Fast Track <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain your need/reason for request:	
II. Requestor Information	
Name of Requestor/Attorney ID Number (if applicable): _____	
I am <input type="checkbox"/> Counsel for _____ <input type="checkbox"/> Unrepresented <input type="checkbox"/> Not a party to this action	
Agency/Firm _____ Court Represented <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address: _____ City: _____ State: _____ Zip: _____	
Email: _____ Phone: _____ Fax: _____	
<i>Does this request qualify for or include a petition for a reduced rate pursuant to Rule 4007(E)? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	
<i>If Yes, please provide proof of authorization for a reduced rate or an affidavit required by Rule 4008(B)(4) requesting waiver of all or a portion of the costs.</i>	
III. Transcript Items Requested	
<input type="checkbox"/> Entire proceeding <input type="checkbox"/> Jury Voir Dire <input type="checkbox"/> Opening statements <input type="checkbox"/> Closing arguments <input type="checkbox"/> Jury Instructions	
<input type="checkbox"/> Testimony (specify each witness):	
<input type="checkbox"/> Pre/Post trial hearing (specify):	
<input type="checkbox"/> Other (specify):	

IV. Transcript Delivery and Cost				
For original transcript requests, please select from the following:				
Delivery Time:	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Expedited	<input type="checkbox"/> Daily	<input type="checkbox"/> Same Day
Original Transcript	+\$2.50	+\$3.50	+\$4.50	+\$6.50 (cost per page)
Copy for Requester	+\$0.50	+\$0.75	+\$1.00	+\$1.25 (cost per page)
Note: Expedited, Daily and Same Day Requests are only available where provided by the judicial district or court reporter. Costs payable by requestor shall not exceed the rates prescribed in Pa.R.J.A 4008(A)(1) and (D)(1)				
Requesting Governmental Agency Rate (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Manner of Delivery: <input type="checkbox"/> Electronic (PDF) format <input type="checkbox"/> Hard copy (add \$0.25 per page to page rates)				
Other (if offered, extra charges may apply): <input type="checkbox"/> Complex Litigation <input type="checkbox"/> Real Time Feed				
Special requests (if offered): <input type="checkbox"/> Minuscript/Condensed <input type="checkbox"/> ASCII <input type="checkbox"/> Include Word index <input type="checkbox"/> Other:				
If Other, Please specify: _____				
Are you requesting a copy of an existing transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No (For Photocopy rates, please see Rule 4008(D)).				

Requestor's Signature _____
Date

Note: The first requestor of a transcript is obligated to pay for the original transcript, which is filed with the court, plus the copy rate if the requestor desires a personal copy (subject to any cost sharing with additional parties)/

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA
CRIMINAL DIVISION

Defendant: _____

RE: _____

Case No(s). _____

Certificate of Service

I hereby certify that I am this day serving upon the persons and in the manner indicated below. The manner of service satisfies the requirements of Pa.R.Crim.P. 575.

Name: _____
(Print Name)

Name: _____
(Signature)

Service by _____ as follows: _____ Dated: _____
(Manner of Service)

TO: Clerk of Judicial Records – Criminal Division (Original Request for Transcript to be filed with Clerk)

455 W Hamilton Street, Room 122

Allentown, PA 18101

610-782-3077

Service by _____ as follows: _____ Dated: _____
(Manner of Service)

TO: Presiding Judge

c/o Court Administration – Room 614

455 W Hamilton Street

Allentown, PA 18101

610-782-3014

Service by _____ as follows: _____ Dated: _____
(Manner of Service)

TO: Court Transcription

c/o Court Administration – Room 614

455 W Hamilton Street

Allentown, PA 18101

610-782-3014

Certificate of Compliance

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____
Signature: _____
Name: _____
Attorney No. (If applicable): _____