

Request No.



DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Court Address Case No. _____

vs.

Full Name of Plaintiff(s)

Full Name of Defendant(s)

REQUEST FOR CD/TRANSCRIPT

NOTE TO APPLICANT: If balance due is not paid in a timely manner, the debt will be transferred to the Central Collection Unit for possible enforced collection.

Name

Street #

Apt #

City

State

Zip

Telephone

Signature of Applicant

Date

COURT INFORMATION

Court Location _____ Trial Date _____

Appeal Date (If Applicable) _____ Judge _____ First _____ Middle _____ Last _____

Atty. for Pln. _____ First _____ Middle _____ Last _____ Atty. for Def. _____ First _____ Middle _____ Last _____

DISTRICT COURT COMMISSIONER INFORMATION

Commissioner Office _____

Proceeding Date _____ Commissioner _____

Table with 3 columns: TD, Beg, End. Contains 3 rows of CD Proceeding(s) information.

Table with 3 columns: TD, Beg, End. Contains 3 rows of CD Proceeding(s) information.

TRANSCRIBING DEPARTMENT

COMMENTS _____

Transcriber Start Date _____ End Date _____ Proofreader Start Date _____ End Date _____

Transcriber _____ Proofreader _____

INVOICE

CD(s).....\$ _____

Pages @ \$3.00 per page.....\$ _____

Less Deposit.....\$ _____

Balance Due.....\$ _____

Date Paid _____

Court Clerk

Date