

This form is not printable and cannot be completed online. The "Request No." field is a prepopulated tracking number on the complex, carbon copy version.

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. _____ Atty. for Def. _____ First Middle Last

DISTRICT COURT COMMISSIONER INFORMATION

Commissioner Office _____

Proceeding Date _____ Commissioner _____

CD Proceeding(s) Information		
TD _____	Beg _____	End _____
TD _____	Beg _____	End _____
TD _____	Beg _____	End _____

CD Proceeding(s) Information		
TD _____	Beg _____	End _____
TD _____	Beg _____	End _____
TD _____	Beg _____	End _____

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