



DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_ City/County

Located at \_\_\_\_\_ Court Address Case No. \_\_\_\_\_

STATE OF MARYLAND OR

\_\_\_\_\_  
Full Name of Plaintiff(s) VS. \_\_\_\_\_  
Full Name of Defendant(s)

REQUEST FOR CD RECORDING / TRANSCRIPT

NOTE TO APPLICANT:

CD Recording

- Fee due in advance is \$15.00 per case.
• Requests are processed on a first come first served basis (no exceptions).
• Cases heard more than three years ago may not be available for recording.

Transcript

- Written transcripts are only provided in accordance with MD Rule 7-102 (b).
• A \$75.00 deposit in advance is required. Transcript costs are \$3.00 per page. Any balance due will be billed to the requestor.

PLEASE PROVIDE THE FOLLOWING COURT INFORMATION: (Check one box below and include information)

[ ] JUDGE

Trial Date \_\_\_\_\_ Courtroom \_\_\_\_\_

Court Location \_\_\_\_\_ Judge \_\_\_\_\_

[ ] DISTRICT COURT COMMISSIONER

Proceeding Date \_\_\_\_\_ Commissioner Name \_\_\_\_\_

Commissioner Location \_\_\_\_\_

REQUESTED BY:

OPTIONAL

[ ] Please mail to (if different from address shown on left):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street # Apt #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street # Apt #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of Applicant Date