|                                       | DISTRICT COURT OF | MARYLAND FO   | City/County |                           |  |  |  |  |  |
|---------------------------------------|-------------------|---------------|-------------|---------------------------|--|--|--|--|--|
|                                       | Located at        | Court Address |             | Case No.                  |  |  |  |  |  |
| STATE                                 | OF MARYLAND<br>OR |               |             |                           |  |  |  |  |  |
| Full Name of Plaintiff(s)             |                   |               | vs          | Full Name of Defendant(s) |  |  |  |  |  |
| REQUEST FOR CD RECORDING / TRANSCRIPT |                   |               |             |                           |  |  |  |  |  |
| NOTE T                                | O ADDI ICANT.     |               |             |                           |  |  |  |  |  |

## 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 are not 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:

| Trial Date             |       |       | Courtroom                          | Courtroom   |       |  |  |
|------------------------|-------|-------|------------------------------------|---|-------|--|--|
| Court Location         |       |       | Judge                              | Judge   |       |  |  |
| REQUESTED BY:          |       |       | OPTIONAL  ☐ Please mail to (if dif | OPTIONAL  ☐ Please mail to (if different from address shown on left): |       |  |  |
| Name                   |       |       |                                    | Name  |       |  |  |
| Street #               |       | Apt # | Street #                           |   | Apt # |  |  |
| City                   | State | Zip   | City                               | State   | Zip   |  |  |
| Telephone              |       |       |                                    | Telephone   |       |  |  |
| Signature of Applicant |       | Date  | Signature of Applicant             | Signature of Applicant Date   |       |  |  |