

Transcript/Audio Recorded Material Request Form St. Mary's County Circuit Court

Contact Information

Name: _____

Address: _____

Organization/Firm: _____

Address: _____

Telephone No.: _____ Email: _____

Case Information:

Case Name: _____ Case No.: _____

Hearing Date Requested: _____

Judge/Magistrate: _____

Date Transcript/Audio Disc is Needed By: _____

(If your need-by date is less than 14 days from the date of your request date, additional fees shall apply).

NOTE: If you wish to pick up your transcript and/or audio discs in person, you must schedule an appointment to do so.

Please place a check mark next to the type of transcript you are requesting. **If you are requesting a transcript for an appeal, please make sure you check the correct line.**

_____ Transcript

_____ Transcript for Appeal

_____ Audio Recorded Material Disc

ANY AND ALL REQUESTS CONCERNING TRANSCRIPT/RECORDED MATERIAL ARE SUBJECTED TO MARYLAND RULE 16-504.

AUDIO CD'S GENERATED FROM THE ORIGINAL MASTER RECORDING ARE PROVIDED FOR LISTENING PURPOSES ONLY. THEY MAY NOT BE USED AS THE OFFICIAL COURT RECORD IN THE PLACE OF A TRANSCRIPT. ONLY TRANSCRIPTS PREPARED AND CERTIFIED BY THE COURT'S APPROVED TRANSCRIPTIONISTS ARE DEEMED "OFFICIAL" AND MAY BE ADMITTED AS EVIDENCE.

Internal Use Only:

Request Received: _____

Estimate Given to Requestor: _____

Deposit Received: _____ Final Payment Received: _____

Transcript Completed: _____ Delivered/Mailed: ____