

**Circuit Court for Harford County
Court Reporting Office
20 West Courtland Street
Bel Air, Maryland 21014**
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REQUEST FOR COPY OF AUDIO RECORDING

DATE: _____

CASE NUMBER: _____ CASE NAME: _____

(One case number per form)

DATE(S) OF PROCEEDING: _____ JUDGE/MAGISTRATE: _____

PREFERRED AUDIO FORMAT: _____ DIGITAL (VIA EMAIL) _____ DVD

REQUESTED BY: _____

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CONTACT INFORMATION:
Phone: _____
Email: _____

Are you a party or an attorney representing a party in this case? YES: _____ NO: _____

NOTE: Official audio recordings generated from the original master recording are provided for listening purposes and verification of testimony only. Except as permitted, DVDs may not be used as the official court record in the place of a transcript. Transcripts of the audio recordings that are produced by a source not approved by this court will not be part of the record or for purposes of appeal.

Audio recordings are **\$40 per hearing date**. Payment in full must be received before your order is processed. Completed orders for DVDs left in the Court Reporting Office longer than 45 days will be destroyed and your payment will be forfeited.

As soon as your request has been processed, a confirmation email with payment instructions will be sent to your email address.

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Date est. provided: _____ Date processed: _____ Initials of employee: _____
Date picked up: _____ Name of individual: _____
Case number checked against expungement database: _____