

TRANSCRIPT/CD REQUEST FORM

CONTACT INFORMATION

Fields marked with >> are required.

First Name >> _____

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Street >> _____

City >> _____ State >> _____ Zip Code >> _____

Telephone >> _____

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CASE INFORMATION

Case Name >> _____

Case Number >> _____

Hearing Date Requested >> _____

Next Scheduled Hearing Dates _____

Judge/Master's Name _____

Need by Date >> _____

If your "Need by Date" is less than 48 hours of your request date, then expediency fees apply.

Transcript Format Typed (Must select type from the next field)

Audio CD (For Computer Use Only) where applicable

Both (Must select type from the next field)

Note: CDs are provided for verification of testimony only. CDs are not certified for court use.

Select one: >> Original
 Appeal
 Exceptions
 Judges Motion/Ruling
 N/A

Additional Comments/Information

Save your completed form to your computer and submit as an attachment to the e-mail address below. Call 410-638-3169 Ext. 3, or e-mail shellman@harfordcountymd.gov with any questions related to requesting a transcript.

Submit to Sherri Hellman, Court Reporter

Circuit Court for Harford County

20 West Courtland Street

Bel Air, Maryland 21014

Fax: (410) 638-7039

Email: shellman@harfordcountymd.gov