

Transcript/Audio Request Form Wicomico County Circuit Court

Contact Information:

Name: _____

Organization/Firm: _____

Address: _____

Telephone No.: _____ Email: _____

Attorney or Party to the Case: ___ Yes ___ No

If not, please provide reason for request: _____

Case Information:

Case Name: _____

Case No.: _____

Hearing Date(s) Requested: _____

Judge/Magistrate: _____

Date Transcript/Audio Disc is Needed By: _____

(If your need-by date for a written transcript is less than 14 days from the date of your request date, additional fees shall apply, and the cost will be included in the estimate provided).

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 (Appeal filed on: _____)

_____ Audio Recording, digital delivery (Email Required)

_____ CD Recording

Signature

Date

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 COURT REPORTER'S ARE DEEMED "OFFICIAL" AND MAY BE ADMITTED AS EVIDENCE.

Internal Use Only:

Request Received: _____

Payment Received: _____

Date Audio sent to Court Reporter: _____

Date Audio Emailed/Mailed: _____