

TRANSCRIPT/CD REQUEST FORM

Date:

CONTACT INFORMATION

Fields marked with >> are required.

First Name >> _____

Last Name >> _____

Organization _____

Street >> _____

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

Telephone >> _____

Email >> _____

CASE INFORMATION

Case Name >> _____

Case Number >> _____

Hearing Date Requested >> _____

Next Scheduled Hearing Dates _____

Judge/Magistrate Name >> _____

Need by (Date) >> _____

Format of Request >> Typed (Must select type from the next field)

Audio CD (where applicable)

(CDs are for listening purposes only. Broadcast, distribution, or duplication in any format is prohibited. Transcription by a source other than a Court-approved transcriber is not permitted.)

Purpose of Request: >> Appeal
 Exceptions
 Other

Additional Comments/Information

Save your completed form to your computer and submit as an attachment to the e-mail address below. Call 410-638-3148, or e-mail transcriptsCD@mdcourts.gov with any questions related to requesting a transcript.

Submit to Sherri Hellman, Administrative Court Reporter
Circuit Court for Harford County
20 West Courtland Street
Bel Air, Maryland 21014
Fax: (410) 638-7039
Email: transcriptsCD@mdcourts.gov