



TRANSCRIPT REQUEST

Court Address
212 E. Paw Paw Street Suite 205, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8200, x2211

REQUESTED BY: _____ Court Appointed Attorney (transcript cost paid by the court)

ADDRESS: _____

PHONE NUMBER(S): (____) _____

E-MAIL ADDRESS: _____

I request a transcript of the following court event(s) for this case. I understand the original transcript will be filed with the court and I will receive a copy. The statutory fee for transcript production is \$1.75 per page for the original transcript and 30¢ per page for each required copy of the transcript. I understand that I must pay for all transcripts prepared because of this request and that all financial arrangements are handled with the transcriptionist, not the court. For adoption cases 21 days after the final order, parties are required to file a motion using form # PCA 327 to obtain records. (MCL 710.67)

REQUESTER'S SIGNATURE: _____ DATE: _____

Case Number: _____

Plaintiff name

v

Defendant name

1. DATE OF COURT EVENT: _____ JUDGE/REFEREE: _____

TIME OF EVENT: _____

TYPE OF EVENT: _____

DATE TRANSCRIPT NEEDED: _____ Transcript is needed for appeal

2. DATE OF COURT EVENT: _____ JUDGE/REFEREE: _____

TIME OF EVENT: _____

TYPE OF EVENT: _____

DATE TRANSCRIPT NEEDED: _____ Transcript is needed for appeal

Please attach a second sheet for any additional requests as needed.

Submit Transcript Request to: Court Services – Suite 205
212 E. Paw Paw Street
Paw Paw, MI 49079

Or by email at vbcourts@vbco.org

For Court Use Only

CER/CSR assigned: _____ CER/CSR email: _____

Date of assignment: _____ CER/CSR phone: (____) _____

For CER / CSR Use Only

Date Completed: _____ Date Withdrawn: _____