

**DESIGNATION OF TRANSCRIPTS
 TO BE USED IN RECORD ON APPEAL**

District Court Case Number: _____

Court of Appeals Case Number: _____

Case Caption: _____

_____ Transcripts are **NOT** required for this appeal.

The undersigned hereby designates the following transcripts to be used in the record on appeal for the above listed case and appeal:

| Date of Hearing | Docket Number | Proceeding | Recorder/ Reporter | Transcript Filed Yes/No |
|-----------------|---------------|------------|--------------------|-------------------------|
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Date: _____

 Signature

 Print Name

 Appellant/Appellee

Read Instructions on Back:

TRANSCRIPT ORDER

| | | | | | |
|--|--|-----------------|---------------------------------------|--|-------------|
| 1. NAME | | 2. PHONE NUMBER | | 3. DATE | |
| 4. FIRM NAME | | | | | |
| 5. MAILING ADDRESS | | | 6. CITY | 7. STATE | 8. ZIP CODE |
| 9. CASE NUMBER | | 10. JUDGE | | DATES OF PROCEEDINGS | |
| | | | | 11. | 12. |
| 13. CASE NAME | | | LOCATION OF PROCEEDINGS | | |
| | | | 14. | 15. STATE | |
| 16. ORDER FOR | | | | | |
| APPEAL | | CRIMINAL | | CRIMINAL JUSTICE ACT | |
| NON-APPEAL | | CIVIL | | IN FORMA PAUPERIS | |
| | | | | BANKRUPTCY | |
| | | | | OTHER (<i>Specify</i>) | |
| 17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | |
| VOIR DIRE | | | | TESTIMONY (Specify) | |
| OPENING STATEMENT (Plaintiff) | | | | | |
| OPENING STATEMENT (Defendant) | | | | | |
| CLOSING ARGUMENT (Plaintiff) | | | | PRE-TRIAL PROCEEDING | |
| CLOSING ARGUMENT (Defendant) | | | | | |
| OPINION OF COURT | | | | | |
| JURY INSTRUCTIONS | | | | OTHER (Specify) | |
| SENTENCING | | | | | |
| BAIL HEARING | | | | | |
| 18. ORDER | | | | | |
| CATEGORY | ORIGINAL + 1 (original to Court, copy to ordering party) | FIRST COPY | # OF ADDITIONAL COPIES | DELIVERY INSTRUCTIONS (check all that apply) | |
| 30 DAYS | | | | PAPER COPY E-MAIL DISK PDF FORMAT ASCII FORMAT | |
| 14 DAYS | | | | | |
| 7 DAYS | | | | | |
| DAILY | | | | | |
| HOURLY | | | | | |
| REALTIME | | | | | |
| CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | E-MAIL ADDRESS | |
| 19. SIGNATURE | | | | NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE. | |
| 20. DATE | | | | | |
| TRANSCRIPT TO BE PREPARED BY | | | | | |
| | | | | ESTIMATE TOTAL | |
| ORDER RECEIVED | | DATE | BY | PROCESSED BY | |
| DEPOSIT PAID | | | | PHONE NUMBER | |
| DEPOSIT PAID | | | | DEPOSIT PAID | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | |