

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	REQUEST FOR TRANSCRIPT	FILE NO.
---	------------------------	----------

In the matter of: _____

Transcripts of hearings are prepared upon the written request by a party. At the time of the request, the court reporter will estimate the cost of the transcript (note: this is only an estimate as the exact number of pages cannot be determined until completion of the transcript) and an estimate as to the time it will take to complete the transcript. Once an estimate has been given, a deposit in the amount of that estimate will need to be paid before the transcript is started. You may request that a transcript be completed by a particular date and every attempt will be made to provide the transcript by the date requested, however, the transcripts are prepared by the court reporter on the court reporter's own time. A transcript requested to be completed within a week will be considered expedited and there will be an additional fee of \$25.00 for this service. Transcripts will be expected to be picked up from the Court office unless postage for mailing is paid by the party.

I hereby request a transcript(s) be prepared regarding the case listed above.

Date of Hearing: _____

Time of Hearing: _____

Estimated Length of Hearing: _____

I request that the transcript be completed before: _____
Date _____

- I acknowledge that the cost of this transcript will be \$2.05 per page.
- I acknowledge that the entire cost of the transcript will be payable prior to receipt of the transcript.
- I acknowledge that once a deposit has been made and the transcript started, there will be no refunds.
- I acknowledge that I will be notified after completion of the transcript and will pay the remaining cost of the transcript before the transcript is delivered to me.

Date

Signature

Address

City, state, zip

Telephone Number

Do not write below this line – For court use only

Received by: _____
Deposit Required: _____
 Expedite Fee (\$25.00)

Estimated transcript time: _____
Deposit paid: _____ Date: _____

Total Transcript cost: _____
Less Deposit Paid: _____
Balance Due: _____

REQUEST FOR TRANSCRIPT