

Ordering of Transcripts

A Request for Transcript form is available to download and print from the Alpena County Circuit Court and Family Division webpage (or) the form is available to pick up in the Alpena 26th Judicial Circuit Court or the Montmorency County Family Division.

26th Judicial Circuit Court
720 West Chisholm Street, Suite 1
Alpena, MI 49707

Montmorency County Family Division
PO Box 789
Atlanta, MI 49709

Transcript Request Form

Once the Request for Transcript Form is completed (including name, date of hearing and file number), it may either be mailed to the transcriber of choice, or the transcriber of choice may be contacted by telephone where the transcript request information can be provided.

The transcriber of choice will provide an estimated amount for the transcript which must be paid before the transcript will be produced. The original copy of the transcript will be filed with the County Clerk's office and a copy will be given to the requester.

Attorney requests shall be faxed, mailed or dropped off to:
26th Judicial Circuit Court
Attention: Jennifer
720 West Chisholm Street, Suite 1
Alpena, MI 49707
Fax: (989) 354-9643

STATE OF MICHIGAN
26th Circuit Court

REQUEST FOR
TRANSCRIPT

CASE NO.

Court Address:
720 W. Chisholm Street Suite 1, Alpena, MI 49707

Court Telephone No.
(989) 354-9573

Plaintiff name(s)
Plaintiff's attorney, bar no., address and telephone no.

Defendant name(s)
Defendant's attorney, bar no., address and telephone no.

NOTE: Type the names and addresses of other attorneys on the back of this form.

I request an original transcript and _____ copies of the proceeding specified below. (The transcriber shall file the original with the Clerk of the Court and provide the copy(ies) to the requesting party.

Judge/Referee	County	Date of Proceeding	Time of Proceeding
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Type of Proceeding:	<input type="checkbox"/> Trial or Hearing	<input type="checkbox"/> Motion	<input type="checkbox"/> Plea and/or Sentence
	<input type="checkbox"/> Other (describe): _____		
Special Instructions (specify whether request is for a complete transcript or a portion of the transcript)			

This transcript is For an Appeal
 Not for an Appeal

Signature _____

Requested turn-around time: _____

Name (type or print) _____

Send bill to: _____

Address _____

City, State, Zip _____ Telephone No. _____

Date: _____

Please choose a Court approved transcription provider:

Curtiss Reporting
P.O. Box 6
Traverse City, MI 49685
Phone: (231) 941-8715 or (800) 848-3217
Fax: (231) 941-8742

Penelope A. Shepherd
501 Peninsular Avenue
Grayling, MI 49738
Phone: (989) 745-1400
Fax: (989) 688-5959
E-mail: penny4639@hotmail.com

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Failure to provide all requested information will result in the form being returned to you and a possible delay in the production of the transcript.