

## **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 26<sup>th</sup> Judicial Circuit Court or the Montmorency County Family Division.

26<sup>th</sup> 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, the party requesting the transcript must contact the transcriber of choice either by email, telephone or mail to provide the transcript request information.

The transcriber of choice will provide an estimated amount for the transcript which must be paid before the transcript will be produced. The transcriber of choice will contact the 26<sup>th</sup> Circuit Court to notify that a transcript has been requested.

Upon completion of the transcript, the original copy of the transcript will be filed with the County Clerk's office and a copy will be given to the requester.

STATE OF MICHIGAN  
26<sup>th</sup> 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
---------------	--------	--------------------	--------------------

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:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Curtiss Reporting<br>P.O. Box 6<br>Traverse City, MI 49685<br>Phone: (231) 941-8715 or<br>(800) 848-3217<br>Fax: (231) 941-8742 | <input type="checkbox"/> Susan Wilds<br>7281 S. Nicolet Road<br>Sault Ste. Marie, MI 49783<br>Email: wilds_ms@yahoo.com<br>Daytime Phone: (906) 635-6315<br>Evening Phone: (906) 440-4209 | <input type="checkbox"/> Jennifer Boyer<br>7199 Barney Road<br>Alanson, MI 49706<br>Phone: (231)330-7614<br>Email: jjboyer@centurylink.net |
|--|---|--|

=====  
**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.**