

TRANSCRIPT ORDER FORM
PASCO COUNTY

REQUESTOR INFORMATION:

Name: _____

Department/Business: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

PLEASE CHECK: Private || Court-Appointed || Public Defender || State Attorney || Court

CASE INFORMATION:

Case Style: _____

Case Number: _____

Date of Proceeding: _____ Presiding Judge: _____

Courthouse: East Pasco, Dade City / West Pasco, New Port Richey

REQUESTED DELIVERY DATE: _____

PLEASE SEND THIS COMPLETED FORM TO:

East Pasco County

Administrative Office of the Courts

Court Reporting Department

38053 Live Oak Avenue

Dade City, FL 33523

E-mail: EPRreporter@jud6.org

Fax: (352)521-4118

West Pasco County

Administrative Office of the Courts

Court Reporting Department

7530 Little Road

New Port Richey, FL 34653

E-mail: WPReporter@jud6.org

Fax: (727)847-8159

PRIVATE REQUESTORS: You will be contacted with an estimated cost of transcription. Transcription will not commence until you have submitted payment of the estimated cost of transcription. The transcript will not be released until full payment has been received. *Make checks, money orders, cashier's checks payable to State of Florida.* Cash and credit cards are not accepted.

OFFICIAL USE ONLY:

Date order received: _____ Reporter Assigned: _____

Org. O&1 Copy Appeal 1-day 2-day 3-day 10-day 30-day

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Date estimate given: _____ Date Estimate Paid: _____

Final Cost: \$ _____ Date Requestor notified that transcription is complete: _____

Date of Final Payment and Transcript Distribution: _____ Pages (Complete)

Notes:

