



Sixth Judicial Circuit Transcript Request Form

☒ Stenographic Division

☐ Digital Division

Please complete all sections. Failure to provide all information may delay your request. Work on the request will begin upon receipt of a deposit of 50% of the estimated cost of transcription. Please make checks payable to the "State of Florida".

1. Requester Information

Requester _____

Business Name / Firm Name / Lawyer Name _____

Contact _____

Street Address, City, State, Zip Code _____

Telephone Number _____

Fax Number _____

Email Address _____

2. Case Information

Case Number _____

Case Style (e.g.: State v. Name, Interest of Name, Name v. Name) _____

Date of Proceeding _____

Time of Proceeding _____

Type of Proceeding _____

Courthouse _____

Courtroom _____

Presiding Judge _____

3. Media Choice (For Above Referenced Case)

☒ **Full Proceeding**, Original Transcript, Plus Number of Copies: _____

☐ **Partial Proceeding**, Original Transcript, Plus Number of Copies: _____

Please specify the type of event: _____

☐ Testimony of Witness 1: _____ Witness 2: _____

Witness 3: _____ Witness 4: _____

☐ **Appeal** (Please attach designation to this request.)

4. Transcript Completion Requested

Transcript Completion Requested:

☐ Regular (Within 30 Days) ☐ 1 ☐ 2

☐ 3

☐ 10 (Business Days)

Please mail or deliver this completed form to appropriate office:

Pinellas County
Administrative Office of the Courts
Att: Steno Court Reporting
Department
Pinellas County Justice Center
14250 49th Street N, Suite 3H
Clearwater, FL 33762
(727) 453-7233

Pinellas County
Administrative Office of the Courts
Att: Digital Court Reporting
Department
Pinellas County Justice Center
14250 49th Street N, Suite H2000
Clearwater, FL 33762
(727) 453-7474

East Pasco County
Court Reporting Department
38053 Live Oak Avenue
Dade City, FL 33523
Phone: (352) 521-4375
Fax: (352) 521-4118

West Pasco County
Court Reporting Department
West Pasco Judicial Center
7530 Little Road, Rm. 201
New Port Richey, FL 34653
Phone: (727) 847-8156
Fax: (727) 847-8159

OFFICIAL USE ONLY:

Date order received: _____

Reporter assigned: _____

Estimated cost: \$ _____

Pages (estimate): _____

Date estimate given: _____

Date estimate paid: _____

Final cost: \$ _____

Pages (complete): _____

Date requester notified transcription is complete _____

Date final payment & transcript distribution: _____

Notes: _____