



Request for Transcript or Copy Court of Common Pleas of Lehigh County

Pursuant to Pa.R.J.A. 4007(A), this form must be completed by any person requesting a transcript for any court proceeding. Additional requirements may be found in the local rules of court for each judicial district. Local rules may be found by following the appropriate link at: <http://www.pacourts.us/courts/courts-of-common-pleas/>

If the cost of the transcript presents an economic hardship, there are reduced rates available to those who qualify. See Pa.R.J.A. 4007 (E). Copies of this request must be served in accordance with Pa.R.J.A. 4007(B). A deposit determined by local rule may be required.)

I. Case Information

Case Caption	Docket Number
Presiding Judge	
Date(s) of Proceeding	
Court Reporter Name (If available)	
Case Type (check the appropriate box) <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Orphans' Court <input type="checkbox"/> Juvenile	
Type of Proceeding: <input type="checkbox"/> Hearing <input type="checkbox"/> Argument <input type="checkbox"/> Trial <input type="checkbox"/> Plea <input type="checkbox"/> Sentence	
Or "Other" (please specify): _____	
PCRA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Transcript Associated with an Appeal <input type="checkbox"/> Yes <input type="checkbox"/> No	Children's Fast Track <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain your need/reason for request:	

II. Requestor Information

Name of Requestor/Attorney ID Number (if applicable): _____	
I am <input type="checkbox"/> Counsel for _____	<input type="checkbox"/> Unrepresented <input type="checkbox"/> Not a party to this action
Agency/Firm _____	Court Represented <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address: _____	City: _____ State: _____ Zip: _____
Email: _____	Phone: _____ Fax: _____
Does this request qualify for or include a petition for a reduced rate pursuant to Rule 4007(E)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide proof of authorization for a reduced rate or an affidavit required by Rule 4008(B)(4) requesting waiver of all or a portion of the costs.	

III. Transcript Items Requested

<input type="checkbox"/> Entire proceeding <input type="checkbox"/> Jury Voir Dire <input type="checkbox"/> Opening statements <input type="checkbox"/> Closing arguments <input type="checkbox"/> Jury Instructions
<input type="checkbox"/> Testimony (specify each witness):
<input type="checkbox"/> Pre/Post trial hearing (specify):
<input type="checkbox"/> Other (specify):

IV. Transcript Delivery and Cost

For original transcript requests, please select from the following:

Delivery Time:	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Expedited	<input type="checkbox"/> Daily	<input type="checkbox"/> Same Day
Original Transcript	+\$2.50	+\$3.50	+\$4.50	+\$6.50 (cost per page)
Copy for Requester	+\$0.50	+\$0.75	+\$1.00	+\$1.25 (cost per page)

Note: Expedited, Daily and Same Day Requests are only available where provided by the judicial district or court reporter. Costs payable by requestor shall not exceed the rates prescribed in Pa.R.J.A 4008(A)(1) and (D)(1)

Requesting Governmental Agency Rate (if applicable): ☐ Yes ☐ No

Manner of Delivery: ☐ Electronic (PDF) format ☐ Hard copy (add \$0.25 per page to page rates)

Other (if offered, extra charges may apply): ☐ Complex Litigation

Special requests (if offered): ☐ Minuscript/Condensed ☐ ASCII Include ☐ Word index ☐ Other:
If Other, Please specify: _____

Are you requesting a copy of an existing transcript? ☐ Yes ☐ No (For Photocopy rates, please see Rule 4008(D)).

Requestor's Signature

Date

Note: The first requestor of a transcript is obligated to pay for the original transcript, which is filed with the court, plus the copy rate if the requestor desires a personal copy (subject to any cost sharing with additional parties)