

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CIVIL DIVISION

	:
	:
Plaintiff	:
vs.	: File No.
	:
	:
Defendant	:

**NOTICE OF APPEAL**

Notice is hereby given that \_\_\_\_\_,  
Plaintiff(s)/Defendant(s), above named, hereby appeal(s) to the  
Supreme/Superior/Commonwealth Court of Pennsylvania from the order entered in this matter  
on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. This order has been entered in the  
docket as evidenced by the attached copy of the docket entry.

DATE: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Attorney for: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Supreme Court ID No. \_\_\_\_\_

ATTACHMENTS:

\_\_\_\_\_ Check # \_\_\_\_\_ in amount of (see Fee Schedule) payable to Clerk of Judicial Records

\_\_\_\_\_ Check # \_\_\_\_\_ in amount of \$90.25 payable to the appellate Court.

\_\_\_\_\_ Copy of Request for Transcript.

\_\_\_\_\_ Proof of Service on All Parties in Trial Court, Trial Judge(s), Court Reporter(s),  
and District Court Administrator.

\_\_\_\_\_ Above referenced Docket Entry

Official Use Only:

Ck # \_\_\_\_\_ in the amount of \$90.25 sent to the appellate court on \_\_\_\_\_

By \_\_\_\_\_  
Deputy

# Request for Transcript or Copy 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"/> Suppression <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): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Manner of Delivery:	<input type="checkbox"/> Electronic (PDF) format		<input type="checkbox"/> Hard copy (add \$0.25 per page to page rates)	
Other (if offered, extra charges may apply): <input type="checkbox"/> Complex Litigation <input type="checkbox"/> Real Time Feed				
Special requests (if offered): <input type="checkbox"/> Minuscript/Condensed <input type="checkbox"/> ASCII <input type="checkbox"/> Include Word index <input type="checkbox"/> Other:				
If Other, Please specify: _____				
Are you requesting a copy of an existing transcript? <input type="checkbox"/> Yes <input type="checkbox"/> 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)/*

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CIVIL DIVISION

Plaintiff :  
vs. : File No.  
Defendant :

**PROOF OF SERVICE**

I hereby certify that I am this day serving true and correct copies of the within **Notice of Appeal, Request for Transcript, and this Proof of Service** upon the persons and in the manner indicated below, which service satisfies the requirements of Pa.R.A.P. 906: *(Set forth herein the manner of service and the names, addresses and telephone numbers of the persons served. See Pa.R.A.P. 906 (a), which requires service on all parties in the trial court, the judge(s) of the trial court, the official court reporter(s) in the trial court and the trial court's District Court Administrator.)*

DATE: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Attorney for: \_\_\_\_\_

Address:

Telephone: \_\_\_\_\_

Supreme Court ID No. \_\_\_\_\_