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.

(Rev 7/18)

File in Duplicate

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

(Rev 7/18)

File in Duplicate

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. (http://www.lccpa.org/courtadmin/TranscriptionRule4009.pdf)*

I. Case Information

Case Caption	*Docket Number*
Presiding Judge	*Courtroom*
Date(s) of Proceeding	*Co-Defendant docket # (If applicable)*

Court Reporter Name (If available)

Type of proceeding: (check the appropriate box)

☐ Criminal ☐ Civil ☐ Family ☐ Orphans' Court ☐ Juvenile ☐ Other: (specify)_____

Is this transcript request associated with an appeal? ☐ Yes ☐ No Children's Fast Track ☐ Yes ☐ No

Good cause shown ☐ Yes ☐ No

Explain your need/reason for request:

II. Requestor Information

I am Counsel for _____ ☐ Self-Represented ☐ Not a party to this action

Court Appointed, Commonwealth or subdivision thereof? ☐ *Yes* ☐ *No*

Does this request qualify for or include a petition for a reduced rate pursuant to Rule 4007(E)? ☐ *Yes* ☐ *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.

Name of requestor/Attorney ID Number (if applicable)

Agency/Firm

Street Address *City* *State* *Zip*

Email *Phone* *Fax*

III. Transcript Items Requested

☐ Entire proceeding ☐ Jury Voir Dire ☐ Opening statements ☐ Closing arguments ☐ Jury Instructions

☐ Testimony (specify each witness):

☐ Pre/Post trial hearing (specify):

☐ Other (specify):

IV. Private Party Transcript Delivery and Cost

For original transcript requests, please select from the following: **(All Expedited, Daily and Same Day transcripts require court approval)**

Delivery Time:	☐ Ordinary	☐ Expedited	☐ Daily	☐ Same Day
Cost per page *(electronic format)*	*$2.50 page*	*$3.50 per page*	*$4.50 per page*	*$6.50 per page*

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 ☐ ~~Real Time Feed~~

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

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

Are you requesting a transcript that has been ordered by another party, but not yet filed? ☐ Yes ☐ No (Lehigh County Rule 4009(D))

_____ _____

Requestor's Signature *Date*

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. _____

(Rev 7/18)

File in Duplicate