

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CRIMINAL

COMMONWEALTH OF PENNSYLVANIA )  
)  
) Case No. \_\_\_\_\_  
vs. )  
) OTN \_\_\_\_\_  
\_\_\_\_\_ )  
Defendant

**NOTICE OF APPEAL**

Notice is hereby given that \_\_\_\_\_,  
Commonwealth of Pennsylvania/Defendant, above named, hereby appeals to the  
Supreme/Superior/Commonwealth Court of Pennsylvania from the order entered in this matter on  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. This order has been entered in  
the docket as evidenced by the attached copy of the docket entry.

\_\_\_\_\_ [For appeals by the Commonwealth pursuant to Pa.R.A.P. 311(d)] The Attorney  
for the Commonwealth, by checking this paragraph, certifies that the order appealed from will  
terminate or substantially handicap the prosecution.

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Supreme Court No. \_\_\_\_\_  
Attorney for \_\_\_\_\_

ATTACHMENTS:

- \_\_\_\_\_ Check # \_\_\_\_\_ in amount of \$90.25 payable to the Appellate Court.
- \_\_\_\_\_ Check # \_\_\_\_\_ in amount of \$62.10 payable to Clerk of Courts-Criminal Div.
- \_\_\_\_\_ Copy of Request for Transcript.
- \_\_\_\_\_ Check # \_\_\_\_\_ for payment of deposit(s) on transcription costs.
- \_\_\_\_\_ Proof of Service on all parties in Trial Court, Trial Judge(s), Court Reporter(s),  
and District Court Administrator.
- \_\_\_\_\_ Above referenced docket entry.



# 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) <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Orphans' Court <input type="checkbox"/> Juvenile <input type="checkbox"/> Other: (specify) _____				
Is this transcript request associated with an appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No      Children's Fast Track <input type="checkbox"/> Yes <input type="checkbox"/> No				
Good cause shown <input type="checkbox"/> Yes <input type="checkbox"/> No				
Explain your need/reason for request:				
II. Requestor Information				
I am Counsel for _____ <input type="checkbox"/> Self-Represented <input type="checkbox"/> Not a party to this action Court Appointed, Commonwealth or subdivision thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.				
Name of requestor/Attorney ID Number (if applicable)				
Agency/Firm				
Street Address	City	State	Zip	
Email	Phone	Fax		
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. 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:	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Expedited	<input type="checkbox"/> Daily	<input type="checkbox"/> 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:	<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: _____			
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)).				
Are you requesting a transcript that has been ordered by another party, but not yet filed? <input type="checkbox"/> Yes <input type="checkbox"/> No      (Lehigh County Rule 4009(D))				

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

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**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.)*

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

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