

THIRD JUDICIAL CIRCUIT OF MICHIGAN  
770 COLEMAN A. YOUNG  
MUNICIPAL CENTER  
Two Woodward Avenue  
Detroit, Michigan 48226

**REQUEST FOR TRANSCRIPTS**

DATE:

Check all that apply and **attach a case caption:**

CASE NUMBER:

APPEAL  
NON-APPEAL  
EXPEDITED REQUEST  
LEAVE TO APPEAL

COURT OF APPEALS  
CASE NUMBER:

Plaintiff Name(s)

**VS**

Defendant Name(s)

DATE OF PROCEEDING(S) - IN-PERSON:

DATE OF PROCEEDING(S) - ZOOM:

JUDGE'S NAME:

PLEASE MAKE YOUR **CHECK ISSUED ON THE ACCOUNT OF A LAW FIRM OR ATTORNEY, MONEY ORDER, OR CASHIER'S CHECK** PAYABLE TO THE ASSIGNED COURT REPORTER IN THE REQUIRED AMOUNT OF **\$50.00** FOR EACH MOTION HEARING DATE, **\$100** FOR EACH EVIDENTIARY HEARING DATE AND **\$200** FOR EACH TRIAL DATE. PLEASE RETURN THIS FORM AND YOUR PAYMENT TO THE ADDRESS SHOWN ABOVE.

**NOTE: NO PERSONAL CHECKS, CREDIT CARDS OR CASH ACCEPTED**

REQUESTOR'S NAME:

MAILING ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

**NOTE:** A deposit is required upon date of request. For an additional fee, expedited requests for transcripts may be accommodated, if possible. The person making the request must contact the court reporter assigned to the judge. No cancellation of this request for a transcript will be accepted as the court reporter incurs production expense upon order. Full payment is due upon delivery of the transcript ( **NO TRANSCRIPT WILL BE PROVIDED UNTIL COURT REPORTER IS PAID IN FULL** ). Overpayments, if any, will be returned with the completed transcript. **PLEASE ALLOW 91 DAYS FOR THE PROCESSING OF THIS REQUEST FOR APPEAL PURPOSES.**

**IF YOU DON'T KNOW THE COURT REPORTER'S NAME, PLEASE CONTACT 313-224-0409.**