STARK COUNTY COURT REPORTERS' OFFICE

TRANSCRIPT INQUIRY FORM

NAME:_____

PHONE NUMBER:_____

PLAINTIFF:_____

vs.

DEFENDANT:_____

CASE NUMBER:_____

JUDGE:_____

DATE OF HEARING/TRIAL:_____

***Transcript rate is $6.00 (for original) per page, pursuant to Local Rule.

Please provide as much information as possible. Someone will get back to you as soon as possible.

This form does not serve as a Praecipe. Do not file with the Clerk, return to the Administration Office.