

### REQUEST FOR TRANSCRIPT

Required for: \* Appeal      \*11B Motion      Trial Continuation      Other  
\*(1 original plus 2 copies required)

Date of Order: \_\_\_\_\_ Offence Number: 3360-\_\_\_\_\_

Name of Defendant: \_\_\_\_\_

Court Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Ordered By: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ email address: \_\_\_\_\_

Transcript Required For: \_\_\_\_\_  
Date of Hearing/Trial (dd/mm/yy)

\*\*\*\*\*

Deposit Required : \$ _____	Total Cost	\$ _____
	Deposit	\$ _____
	Balance Owing	\$ _____
	Refund	\$ _____

**Terms:**

- ✓ Transcript rate is \$4.30 per page for originals and \$0.55 per page for copies. Only original, certified copies of transcripts are accepted by the Court. Photocopies are not permitted.
- ✓ Deposit required before the job begins. Typing of the transcript will start only after deposit has been received. Additional fees will be applied for expedited matters
- ✓ I will be notified by telephone or email once transcript is completed. Payment is to be made in CASH or CERTIFIED CHEQUE. Payment must be received prior to releasing copies.
- ✓ I agree to pay the total fee prescribed. In the event I want to cancel the order, I will contact the Court Office in writing at [poacourt@peterborough.ca](mailto:poacourt@peterborough.ca) and will pay any fee for the work that was done up to the date of receipt of the written communication.

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

The personal information on this form is collected under the authority of the Provincial Offences Act, R.S.O., 1990, Chapter P.33. The information is used by the Court Services staff to issue required court notifications. Questions about this collection can be directed to the Court Services Manager, 99 Simcoe St. Peterborough, On K9H 2H3

**OFFICE USE ONLY**

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Picked up by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

