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:

* 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 and will pay any fee for the work that was done up to the date of receipt of the written communication.

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

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**OFFICE USE ONLY**

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

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