

STATE OF NORTH CAROLINA

North Carolina Administrative Office Of The Courts
Office Of The Assistant Director

COURT REPORTER STATEMENT FOR TRANSCRIPTS

INSTRUCTIONS: Forward original form with copy of court order and Certificate of Delivery to the Administrative Office of the Courts, Attn: Financial Services Division, P.O. Box 2448, Raleigh, NC 27602. Retain copy for your records.

File No.	County	Case Title
----------	--------	------------

TRANSCRIPTS PREPARED

NOTE: For information on current state rates, contact David Jester at 919-831-5974 or David.E.Jester@nccourts.org.

Party Requesting Transcript		Other Party(ies) Receiving Transcript
<input type="checkbox"/>	Appellate Defender/ Assigned Appellate Counsel	<input type="checkbox"/>
<input type="checkbox"/>	Appointed Trial Counsel	<input type="checkbox"/>
<input type="checkbox"/>	Public Defender	<input type="checkbox"/>
<input type="checkbox"/>	Capital Defender	<input type="checkbox"/>
<input type="checkbox"/>	District Attorney/Attorney General	<input type="checkbox"/>
<input type="checkbox"/>	Guardian ad Litem (GAL)	<input type="checkbox"/>
<input type="checkbox"/>	Superior Court	<input type="checkbox"/>
<input type="checkbox"/>	District Court	<input type="checkbox"/>
<input type="checkbox"/>	Innocence Commission	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	<input type="checkbox"/>

TRANSCRIPT TOTAL	Pages	Expedited	Realtime	Amount
		<input type="checkbox"/>	<input type="checkbox"/>	

CERTIFICATION

I hereby certify that I have prepared and delivered the above transcripts to the appropriate parties pursuant to the court order, and the transcripts meet the minimum specification established by the Administrative Office of the Courts.

Name Of Court Reporter (Type Or Print)	Taxpayer ID No.
Address	Date
	Signature Of Court Reporter

NOTE: A copy of the order must be attached to receive payment.

Date	Approved By The Court Reporting Coordinator (Expedited/Realtime Transcripts Only)
------	---

FOR USE BY AOC FINANCIAL SERVICES DIVISION

COMPANY	ACCOUNT	CENTER	AMOUNT
0221	532110032	131031 __ __	
0221	532110032	1320132032__ __	
0221	532110032	13201321	
0201	532110032	1600160060__ __	
0201	532110032	1410134034__ __	
0201	532110032	1300143043__ __	
0201	532110032	1300144044__ __	

TOTAL ▶