

THERESA'S TRANSCRIPTION SERVICE

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TRANSCRIPT ORDER FORM

Transcript requests received after 3:00 p.m. will be processed the next business day.

County: _____

Case Name: _____ vs _____

Case Number: _____

Judge: _____

Date(s) of proceeding(s): _____

How Soon Do You Need It: Overnight: [] (expedited rate applies)
2-3 Days: [] (expedited rate applies)
Business days 4-5 Days: [] (expedited rate applies)
6-15 Days: [] (expedited rate applies)
Normal: []

Ordering Party/Contact: _____

Phone: _____

Email address: _____

___ \$12.00 processing charge per transcript hearing date; includes original filed with the clerk's office and emailed to requestor.

A CASE CAPTION IS REQUIRED WITH YOUR ORDER

Additional Comments Regarding Your Order:

Are the transcript(s) being ordering to file an appeal?

Yes _____ No _____

**** PLEASE NOTE - FOR APPEAL ORDERS ONLY ****

It is the Appellant's responsibility to distribute and/or e-file/serve COA Form MC 501, Reporter/Recorder Certificate of Ordering Transcript on Appeal to the trial court, Court of Appeals and all parties.

_____ \$25.00 fee - Theresa's Transcription will perform the above service.

_____ No charge - Appellant will perform the above distribution.
COA Form MC 501 will be emailed to you by Theresa's Transcription Service for your distribution.

We accept Visa, MasterCard, American Express and Discover

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Name as it appears on the card: _____

Billing Street Address: _____

ZIP Code: _____

Please note that a 4% administrative fee will be applied to your invoice for credit card use.

_____ Prefer to pay by check

You will be contacted with the *estimated* cost for all orders. Deposit is required before order is processed.
Rev 1/23