

United States District Court
Eastern District of Wisconsin
TRANSCRIPT REQUEST FORM

TRF – Rev 2016.2

1. Date	2. Person Placing Order	3. Phone No.	4. Email Address
5. Name (Person responsible for payment of all charges)		6. Phone No.	7. Email Address
8. Law Firm	9. Mailing Address		10. City/State/Zip
11. Case Name (abbreviated)		12. Case Number	13. Presiding Judge
14. Party Represented		15. Location of Proceedings Milwaukee Green Bay	16. Name of Reporter (check docket if unsure)
17. Order For (check all that apply) Appeal Criminal In Forma Pauperis Non-Appeal Civil Criminal Justice Act* Other _____ *Court Approval Required		18. Type of Representation Appointed Retained US Attorney's Office DCN: _____ Federal Defender Services Other _____	
19. Transcript Requested (Specify date(s) and docket entries of proceedings for which transcript is requested)			
20. For trial proceedings include Voir Dire Opening Statements Closing Arguments Jury Instructions		21. This order is for: Entire Transcript Excerpted Portion (List witnesses or portions below)	
22. ORDER			
Delivery Requested 30 Day 14 Day 7 Day* Click Here for Rates Daily* Same Day* * Upon approval by reporter or transcriber	Formats Desired (Check all that apply) Paper Full Paper Condensed/Mini PDF Full PDF Condensed/Mini ASCII PTX TextMap		Shipping (Paper Copies) I will arrange to pick up Fed Ex Account # for Shipping Email Electronic Copies to:
Realtime Transcript I wish to order _____ realtime feed(s) for the proceedings described above.* I wish to order _____ off-premise realtime internet stream connection(s). ** *A realtime "feed" is the electronic data flow from the court reporter to the computer/iPad of each person or party ordering and receiving the realtime transcription in the courtroom. To ensure availability realtime feeds must be ordered well in advance of the hearing or trial. **Court's permission required		<div style="text-align: center;">CERTIFICATION (23 & 24)</div> By signing below, I certify that I will pay all charges (deposit plus additional) 23. SIGNATURE _____ 24. DATE _____ Email the completed form to the Reporter and the clerk's office at: Transcripts@wied.uscourts.gov	

Upon receipt of this form you will be provided a cost estimate and the deposit amount required. Delivery dates are calculated from date deposit is received.