

# REQUEST FOR TRANSCRIPT

COURT REPORTER: \_\_\_\_\_

JUDGE PRESIDING: \_\_\_\_\_

CASE NO: \_\_\_\_\_

DATE OF HEARING: \_\_\_\_\_

DATE NEEDED BY: \_\_\_\_\_

(Preparation of transcript may take 2-3 weeks, depending on length of hearing)

DATE OF REQUEST: \_\_\_\_\_

**COST:** Pursuant to §814.69(1)(b), the cost for a transcript is \$2.75 per page. Advance payment will be required by the court reporter. The court reporter will estimate the cost of transcript, which may result in a refund or additional amount being due upon completion of transcript.

## PERSON REQUESTING TRANSCRIPT:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

**MAIL OR RETURN COMPLETED FORM TO COURT REPORTER AT MANITOWOC COUNTY COURTHOUSE, 1010 S. 8<sup>TH</sup> STREET, MANITOWOC, WI 54221-2000.**