

REQUEST FOR TRANSCRIPT

COURT REPORTER: **Pam Kaster (B-15 Courtroom)**

COURT COMMISSIONER 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. 8TH STREET, MANITOWOC, WI 54220, or FAX TO COURT REPORTER'S ATTN AT (920)683-2733.