



Request for Transcript or Copy County

Pursuant to Pa.R.J.A. 4007(A), this form must be completed by any person requesting a transcript for any court proceeding. Additional requirements may be found in the local rules of court for each judicial district. Local rules may be found by following the appropriate link at: <http://www.pacourts.us/courts/courts-of-common-pleas/> If the cost of the transcript presents an economic hardship, there are reduced rates available to those who qualify. See Pa.R.J.A. 4007 (E). Copies of this request must be served in accordance with Pa.R.J.A. 4007(B). A deposit determined by local rule may be required.

(Ver.: 4/2026)

I. Case Information					
Case Caption:		Docket Number:			
Presiding Judge:		Courtroom:			
Date(s) of Proceeding:		Is this transcript request associated with a matter already under appeal? <input type="checkbox"/> Yes; Appellate Docket # _____ <input type="checkbox"/> No			
Court Reporter Name (if known):		Children's Fast Track? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Case Type: (check the appropriate box): <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Orphans' Court <input type="checkbox"/> Juvenile					
Type of Proceeding: <input type="checkbox"/> Suppression <input type="checkbox"/> Argument <input type="checkbox"/> Trial <input type="checkbox"/> Plea <input type="checkbox"/> Sentence <input type="checkbox"/> PCRA <input type="checkbox"/> Other:					
II. Requestor Information					
Name of requestor/Attorney ID Number (if applicable):					
Street Address:		City:	State:	Zip:	
Email:		Phone:	Fax:		
I am: <input type="checkbox"/> Self-Represented <input type="checkbox"/> Not a party to this action <input type="checkbox"/> Counsel for: <input type="checkbox"/> Check if Court Appointed/Conflict Counsel					
Agency/Firm:					
Does this request qualify for a reduced rate pursuant to Pa.R.J.A. 4007(E)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide proof of authorization for a reduced rate or an affidavit required by Pa.R.J.A. 4008(B)(4) requesting waiver of all or a portion of the costs.					
III. Transcript Items Requested					
<input type="checkbox"/> Entire proceeding <input type="checkbox"/> Jury Voir Dire <input type="checkbox"/> Opening statements <input type="checkbox"/> Closing arguments <input type="checkbox"/> Jury Instructions					
<input type="checkbox"/> Testimony (specify each witness):					
<input type="checkbox"/> Pre/Post trial hearing (specify):					
<input type="checkbox"/> Other (specify):					
IV. Transcript Delivery and Cost					
For Original transcript requests*, please select from the following [NOTE: Expedited, Daily and Same Day Requests are only available where provided by the judicial district. Costs payable by requestor shall not exceed the rates prescribed in Pa.R.J.A. 4008(A)(1) and (D)(1)]:					
Delivery Time:		<input type="checkbox"/> Ordinary	<input type="checkbox"/> Expedited	<input type="checkbox"/> Daily	<input type="checkbox"/> Same Day
Original transcript production cost per page		\$2.50 per page	\$3.50 per page	\$4.50 per page	\$6.50 per page
Copy for requestor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Add: \$0.50 per page	\$0.75 per page	\$1.00 per page	\$1.25 per page
Manner of Delivery of Transcript: <input type="checkbox"/> Electronic (PDF) format <input type="checkbox"/> Hard copy (add \$0.25 per page to copy rates)					
Requesting Commonwealth/sub-division Governmental Agency Rate (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (if offered, extra charges may apply): <input type="checkbox"/> Complex Litigation <input type="checkbox"/> Real Time Feed					
Special requests (if offered): <input type="checkbox"/> Minuscript/Condensed <input type="checkbox"/> ASCII <input type="checkbox"/> Word index <input type="checkbox"/> Other:					
Are you requesting a copy of an existing transcript? <input type="checkbox"/> Yes (If yes, \$0.75 per page for paper; \$0.50 per page PDF) <input type="checkbox"/> No					

Requestor's Signature _____

Date _____

***NOTE: The first requestor of a transcript is obligated to pay for the original transcript, which is filed with the court, plus the copy rate if the requestor desires a personal copy (subject to any cost sharing with additional parties).**



For Court Use Only

(Ver.: 4/2026)

Docket Number:

Date of Request:

Case Caption:

Date of Hearing:

Name of Requestor:

Address/Phone/Fax # of Requestor:

Email of Requestor:

Are the costs waived or reduced? Yes No Is the cost of the transcript being shared between parties? Yes No

Original; Ordinary, party	\$2.50 per page	x	pages	= \$
Original; Ordinary, party; Requestor Copy of Original Transcript-Electronic	\$0.50 per page	x	pages	= \$
Original; Ordinary, party; Requestor Copy of Original Transcript-Paper	\$0.75 per page	x	pages	= \$
Original; Ordinary, Commonwealth/sub-division	\$1.55 per page	x	pages	= \$
Original; Ordinary, Commonwealth/sub-division; Requestor Copy of Original Transcript-Electronic	\$0.50 per page	x	pages	= \$
Original; Ordinary, Commonwealth/sub-division; Requestor Copy of Original Transcript-Paper	\$0.75 per page	x	pages	= \$
<input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Same Day	\$ per page	x	pages	= \$
Original; Expedited/Daily/Same Day; Requestor Copy of Original Transcript-Electronic	\$ per page	x	pages	= \$
Original; Expedited/Daily/Same Day; Requestor Copy of Original Transcript-Paper	\$ per page	x	pages	= \$
Existing Transcript Copy-Electronic	\$0.50 per page	x	pages	= \$
Existing Transcript Copy-Paper	\$0.75 per page	x	pages	= \$
Additional Charges	\$	x	pages	= \$

NOTES

Estimated Cost	\$
Less deposit	- \$
Balance due	= \$
Adjusted Cost (+/-)	\$
Final Balance	= \$

Transcript to be prepared by:		Date assigned:	Date due:
Date of deposit:	Check/M.O. number	Date transcript completed:	
Date balance received:	Check/M.O. number:	Date transcript sent to requesting part(ies):	