

State of Michigan	REQUEST FOR COMPACT DISC TRANSCRIPT	CASE NO: _____
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200 Division St., Ste. 100, Petoskey, MI 49770 **(231) 348-1741**

Plaintiff name(s):	Defendant name(s):
Plaintiff's attorney/Bar No./Address/Telephone:	Defendant's attorney/Bar No./Address/Telephone:

I request an original and _____ copies of the proceeding specified below (the transcriber shall file the original with the Clerk of the Court and provide the copy(ies) to the requesting party.

Date of Proceeding:	Time of Proceeding:
Type of Proceeding:	
Special Instructions (specify whether request is for a complete transcript or a portion of a transcript):	

I hereby certify that I am an attorney or party in the above listed case. If I am not an attorney or party to the litigation, I have received the express consent of the Judge of the 57th Circuit Court allowing me to obtain this transcript.

This transcript is for an Appeal. Requested turn-around time: _____
 Not for an Appeal.

Dated: _____ Requesting party (Print) _____

Send bill to: _____

Deposit amount: _____ Received by: _____

Failure to provide all requested information will result in the form being returned to you and a possible delay in the production of the transcript