

State of Michigan Jackson County Courts Circuit/Family/Probate	<input type="checkbox"/> Request for Transcript  <input type="checkbox"/> Request for Digital Video Court Record (Digital Video Records only available for hearings held after Jan. 12, 2007)  <input type="checkbox"/> Request for Audio Only Court Record	Case No.
Plaintiff(s) or Petitioner(s)		Defendant(s) or Respondent(s)
<input type="checkbox"/> Probate <input type="checkbox"/> Juvenile	In the Matter of:	
Attorney Name, Bar No., Address, Phone No. Pro Per Plaintiff/Petitioner Name, Address, Phone No.		Attorney Name, Bar No., Address, Phone No. Pro Per Defendant/Respondent Name, Address, Phone No.
*PLEASE INDICATE ANY ADDITIONAL PARTIES PRESENT FOR THE HEARING REQUESTED ON A SEPARATE SHEET.		
<input type="checkbox"/> I request a copy of the digital video court record for the proceeding specified below at a cost of \$10 for a hearing less than 30 minutes, or \$20 for a hearing over 30 minutes.  <input type="checkbox"/> Audio Only: e-mail to: _____		<input type="checkbox"/> I request an original transcript and _____ copies of the proceedings specified below. (The transcriber shall file the original with the Clerk of the Court and provide copies to the proper parties on appeal or as otherwise noted.)
<b>Request for Digital Video Record - send to:</b> Jackson County Clerk's Office 312 S. Jackson Street Jackson, MI 49201 (517) 788-4268	<b>Request for transcript – send to:</b> <input type="checkbox"/> Acro Legal Support Services P.O. Box 0868 Jackson, MI 49204-0868 (517) 787-4472 (517) 787-4490 (fax)	
	<input type="checkbox"/> Theresa's Transcript Service P.O. Box 21067 Lansing, MI 48909-1067 (517) 882-0060 (517) 882-0062 (fax)	
Judge:	Date of Proceeding: (Attach a separate page if you are requesting hearings for more than one date)	Approximate time and duration of proceedings:
Type of Proceeding: (i.e., plea, sentence, motion)		Special Instructions: <input type="checkbox"/> Full and complete transcript <input type="checkbox"/> Exerpt (please specify)
<b>Please check all that apply for transcript request</b> <input type="checkbox"/> For Appeal <input type="checkbox"/> Not for Appeal		
<b>Condensed Copy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 4 on 1 <input type="checkbox"/> 4 on 1 with notes <input type="checkbox"/> 6 on 1 <input type="checkbox"/> Keyword index <input type="checkbox"/> ASCII diskette*		<b>Turn around time requested:</b> <input type="checkbox"/> On appeal – statutory time <input type="checkbox"/> Regular – 14 days or less <input type="checkbox"/> Week – 5 days or less* <input type="checkbox"/> Expedite – 3 days or less* <input type="checkbox"/> Daily - Overnight <small>*Denotes extra fee. Please call for rates. Deposit may be required.</small>
Requested by: Name:		Type of payment (for digital video): <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Phone:		Name on Card:
Date:	Card No.	Expiration Date:
<b>FOR COURT USE:</b> <input type="checkbox"/> A digital video record was provided as requested above and mailed to <input type="checkbox"/> Theresa Stevens <input type="checkbox"/> Acro Legal Support Services		
Date:		Signed: