## STATE OF NORTH CAROLINA NORTH CAROLINA ADMINISTRATIVE OFFICE OF THE COURTS OFFICE OF THE ASSISTANT DIRECTOR

## COURT REPORTER STATEMENT FOR TRANSCRIPTS

INSTRUCTIONS: Forward origin Services Divis					e of Delivery to the copy for your rec		trative Offi	ce of the C	Courts, Ai	ttn: Fiscal	
File No. County				Case Title							
	TRANSC				PREPARED						
NOTE: For information on current	t state rates, cont	act Rai	nae McDermot	t at 919	-890-1601 or CRN	/anager@	nccourts.c	org.			
Party Requesting Transcript								Other Party(ies) Receiving Transcript			
		Appellate Defender/Assigned Appellate Counsel									
		Appointed Trial Counsel									
		Public Defender									
		Capital Defender									
		District Attorney/Attorney General									
		Guardian ad Litem (GAL)									
		Superior Court									
		District Court									
		Innocence Inquiry Commission									
		Other									
TRANSCRIPT TOTAL		Pages			Expedited		Rea	ltime		Amount	
			055								
I hereby certify that I have prepared and delivered the above trar transcripts meet the minimum specification established by the Ac Name Of Court Reporter (type or print) Address					scripts to the appropriate parties pursuant to the court order, and the ministrative Office of the Courts.   Taxpayer ID No. (last four digits)   Date						
<b>NOTE:</b> A copy of the order must be attached to receive payment.				Signature Of Court Reporter							
Date					Approved By The Court Reporting Coordinator (Expedited/Realtime Transcripts Only)						
FOR USE BY AOC FISCAL SERVICES DIVISIO							1				
COMPANY					CENTER			AMOUNT			
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		53211	10032		1410134034						
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