

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION

(Please print and complete all blanks below)

CASE NUMBER(S) _____

Plaintiff (or State of North Carolina)

-VS-

TRANSCRIPT REQUEST FORM

Defendant

I, _____, hereby request a transcript of the
proceedings in the above-captioned case before Judge _____,
in Courtroom _____, on (DATE) _____.

Name & Address of person requesting transcript

Please contact me at: _____

Telephone No. _____

Facsimile No. _____

**By requesting this transcript, I understand that I am financially obligated to
the Court Reporter who transcribes and produces this transcript.**

(Signature)

(Date)

Completed forms for Mecklenburg County should be mailed, delivered or faxed to:

Attn: Judicial Assistant/Transcripts
832 East Fourth Street, Suite 9600
Charlotte NC 28202

Facsimile Number: 704.686.0339

This section for Judicial use only.
Court Reporter Assigned Transcript:

Reporter's Name _____

Date Assigned _____