

Transcript/Audio Recorded Material Request Form St. Mary's County Circuit Court

Contact Information

Name: _____

Address: _____

Organization/Firm: _____

Address: _____

Telephone No.: _____ Email: _____

Case Information:

Case Name: _____ Case No.: _____

Hearing Date Requested: _____

Judge/Magistrate: _____

Date Transcript/Audio Disc is Needed By: _____

(If your need-by date is less than 14 days from the date of your request date, additional fees shall apply).

NOTE: If you wish to pick up your transcript and/or audio discs in person, you must schedule an appointment to do so.

Please place a check mark next to the type of transcript you are requesting. **If you are requesting a transcript for an appeal, please make sure you check the correct line.**

_____ Transcript

_____ Transcript for Appeal/Exceptions

_____ Audio Recorded Material Disc

ANY AND ALL REQUESTS CONCERNING TRANSCRIPT/RECORDED MATERIAL ARE SUBJECTED TO MARYLAND RULE 16-504.

AUDIO CD'S GENERATED FROM THE ORIGINAL MASTER RECORDING ARE PROVIDED FOR LISTENING PURPOSES ONLY. THEY MAY NOT BE USED AS THE OFFICIAL COURT RECORD IN THE PLACE OF A TRANSCRIPT. ONLY TRANSCRIPTS PREPARED AND CERTIFIED BY THE COURT'S APPROVED TRANSCRIPTIONISTS ARE DEEMED "OFFICIAL" AND MAY BE ADMITTED AS EVIDENCE.

THE PERSON WHO RECEIVES A COPY OF ANY ELECTRONIC RECORDING SHALL NOT MAKE OR CAUSE TO MAKE ANY ADDITIONAL COPIES OF THE RECORDING, AND ANY PERSON WHO RECEIVES A COPY OF THE ELECTRONIC RECORDING SHALL NOT ELECTRONICALLY TRANSMIT THE RECORDING TO ANY PERSON OR ENTITY PURSUANT TO MARYLAND RULE 16-504.

BY SIGNATURE BELOW, I HEREBY ACKNOWLEDGE AND AGREE TO THE COURT'S POLICY ON USE OF THE AUDIO CD OUTLINED ABOVE.

_____ **Date:** _____
Requesting Party

Internal Use Only:

Request Received: _____
Estimate Given to Requestor: _____
Deposit Received: _____ Final Payment Received: _____
Transcript Completed: _____ Delivered/Mailed: _____