DISTRICT COUR	OR	RCity/County					
				Case No			
Located at	Cou	rt Address		Case No			
STATE OF MARYLAND OR							
Full Name of Pla	intiff(s)		VS	Full N	ame of Defendan	t(s)	
REQUEST FOR	CD REC	ORDING / T	RANSCRIP	T / ELECTRO	NIC RECOR	DING	
NOTE TO APPLICANT:							
 CD Recording Fee due in advance is \$15. Requests are processed on Cases heard more than three 	a first come			<u>ns</u>).			
 Transcript Written transcripts are only A \$75.00 deposit in advance requestor. 					ce due will be l	pilled to the	
 Electronic Recording Recording delivered by e-recording the error of the error	00 per case. a first come	first served bas		<u>ns</u>).			
PLEASE PROVIDE THE FO □ JUDGE	OLLOWING	G COURT IN	FORMATIO	N: (Check one box	below and inc	lude information)	
Trial Date			Courtroom				
Court Location			Judge				
☐ DISTRICT COURT COMN	(ISSIONER						
Proceeding Date			Commissione	er Name			
Commissioner Location							
Maryland Rule 16-502 provides in official recording shall make a	n part that up	on written requ	est and the pay		costs, the author	orized custodian of	
REQUESTED BY:			OPTION	Δ Τ.			
If requesting person is an attorne	y, provide att	orney number)		mail to (if differen	nt from address	s shown on left):	
Name Attorney Number				Name			
Street #		Apt #		Street #		Apt #	
City	State	Zip		City	State	Zip	
Telephor		Telephone					
Signature of Applicant F ELECTRONIC RECORDIN		Signature of Applicant					
E-mail address for electronic rec	ent:	t:E-mail					

DCA-119 (Rev. 01/23/2023)