



**Court Services Department**  
150 N. Christina Street, Box 1060  
Sarnia, ON N7T 7K2

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Toll-free: 1-800-387-2882  
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## TRANSCRIPT ORDER FORM

DATE OF ORDER: \_\_\_\_\_

FILE NUMBER: 1760

DEFENDANT NAME: \_\_\_\_\_

PRESIDING OFFICIAL: \_\_\_\_\_

COURT DATE(S): \_\_\_\_\_

NUMBER OF COPIES (3 REQUIRED FOR APPEAL): \_\_\_\_\_

APPEAL: YES  NO

Appealing:

Conviction  Sentence  Conviction and Sentence

FUTURE COURT DATE (if applicable): \_\_\_\_\_

SPECIAL INSTRUCTIONS (i.e. inclusive of submissions, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF DEPOSIT RECEIVED: \$ \_\_\_\_\_

**To Parties Not Represented by Legal Counsel/Agents:** There is a fee per page for the transcript. A deposit will be required before the transcript is produced.

### ORDERING PARTY INFORMATION (PLEASE PRINT)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

*In the event I wish to cancel this order, I will do so in writing and pay the standard fee for work already completed up to the date of receipt of the cancellation notice by the court reporter.*

SIGNATURE OF ORDERING PARTY: \_\_\_\_\_

ORDER RECEIVED: \_\_\_\_\_

ORDER ENTERED: \_\_\_\_\_

ORDER COMPLETE: \_\_\_\_\_

ORDERING PARTY NOTIFIED: \_\_\_\_\_