199TH JUDICIAL DISTRICT COURT

****

Jacqueline Love-Kimbrough, CSR
jkimbrough@co.collin.tx.us Phone: 972-548-4415

REQUEST FOR REPORTER'S RECORD

Cause No(s).: _____

Style: _____ v. _____

Date(s) of Proceeding(s): _____

Type of Proceeding(s): _____

Requestor's Name: _____

Bar Card No. (If applicable): _____

Attorney for: _____

Firm Name: _____

Address: _____

_____

Phone Number: _____

Email: _____@_____

****

_____ PLEASE CHECK HERE IF THE REQUESTOR OR YOUR CLIENT HAS BEEN DEEMED **INDIGENT BY THE COURT**

****

TURNAROUND TIME (Please select one):

_____ **STANDARD TURNAROUND TIME**
(30 BUSINESS DAYS, NOT INCLUDING WEEKENDS/HOLIDAYS)

_____ ***EXPEDITED** (ON OR BEFORE 14 BUSINESS DAYS, NOT INCLUDING WEEKENDS/HOLIDAYS) (SPECIFIC DATE REQUESTED:_____)
*Additional Charges will apply/Expedites accepted based on Reporter's current workload.

***OTHER:** INCLUDE ALL EXHIBITS: YES or NO INCLUDE A WORD INDEX: YES or NO
*Additional Charges will apply

_____ _____
REQUESTOR'S SIGNATURE **DATE:**

****

Upon receipt of a completed Request for Reporter's Record form, you will received an email with an Estimate of Costs and a payment link to be paid electronically. Transcription will not begin until full payment of the estimate is received.
NOTE: For **Indigent** Requestors and/or Defendants, transcription will begin upon receipt of this form. Upfront payment is **not** required.