

TRANSCRIPT REQUEST FORM

Pyramid Lake Tribal Court

REQUESTER INFORMATION (must be a party to the case)

Plaintiff/Petitioner Defendant/ Respondent Advocate/Attorney

Name: _____ Date of Request: ____/____/____

Address: _____

City, State ZIP: _____

Phone: (____) _____ Alt. Phone (____) _____

CASE INFORMATION (Record search & Retrieval have separate fees)

Case Number: _____ Date of Hearing(s) _____

Case Party Names: Plaintiff/ Petitioner: _____

Defendant/ Respondent: _____

DELIVERY METHOD

- Appeal: All appeal transcripts are sent directly to the Inter-Tribal Court of Appeals
- Hold for Pick- up
- Mail: A self-addressed stamped envelope must be attached

Due to the sensitive nature of some hearings, transcripts will not be faxed or sent via e-mail

There is a cash deposit required for any transcript request in the amount of \$3.55 per minute of the requested hearing which will be calculated by the Court Clerk. The deposit must be paid by cash or money order at the time of the request. The deposit is not refundable unless the final cost of producing the transcript is less than deposit. The cost of the transcript may be more than the deposit estimate and the requesting party is responsible for paying any overage. Any overage owed must be paid prior to the release of the transcript and no later than seven (7) days after notification is made that the transcript is completed.

By signing below, I certify that I will pay all charges in the transcription of the requested record (deposit plus additional).

Signature of Requester Date

Court Staff Only	
Date Received: _____	By: _____
# of mins: _____ x \$4.00 = _____	Rcpt. #: _____
Sent on: _____	Received on: _____
Requester Notified on: _____	By: _____