

REQUEST FOR PAYMENT OF TRANSCRIPT IN INDIGENT MATTER

Administrative Office of the Courts

Nashville City Center, Suite 600 • 511 Union Street Nashville, TN 37219 • Phone (615) 741-2687 • Fax: (615) 532-9481

PLEASE PRINT **STATE OF TENNESSEE VS.**

INVOICE NUMBER		COUNTY	JUDICIAL DISTRICT
DATE OF PROCEEDING	DATE OF REQUEST	TYPE OF PROCEEDING	DPA #

REPORTER NAME
SOCIAL SECURITY OR TAX I.D. NUMBER
ADDRESS
CITY, STATE, ZIP CODE
TELEPHONE NUMBER

DEFENDANT'S NAME
CHARGE
CASE NUMBER(S)
MULTIPLE DEFENDANT <input type="checkbox"/>
CONTRACT <input type="checkbox"/> OFFICIAL <input type="checkbox"/>
COURT IN WHICH PROCEEDING HELD

TOTAL NUMBER OF ORIGINAL PAGES PREPARED	
SUB-TOTAL @ \$3.00 PER SET (ORIGINAL AND ONE COPY)	
NUMBER OF ADDITIONAL PAGES	
SUB-TOTAL FOR ADDITIONAL PAGES @ \$0.25/page	
TOTAL COMPENSATION DUE	

I, the undersigned, do hereby certify in accordance with T.C.A. §40-14-312, that the defendant was declared indigent by the Court, that the court reporter was authorized by the Court to properly prepare Transcript of the Evidence or parts thereof in accordance with the Tennessee Rules of Appellate or Criminal Procedure, and that the request for compensation is in compliance with the schedule of compensation as authorized by the Administrative Director of the Courts.

SIGNATURE OF COURT JUDGE

I, the undersigned, do hereby certify that the said transcript has been properly prepared and lodged with the Clerk/Attorney/Court Reporter's Office. This, the _____ day of _____, 20____.

SIGNATURE OF COURT REPORTER

I (We), the undersigned, Clerk/Attorney(s) of Record, hereby acknowledge receipt of Transcript in this cause.

CLERK/ATTORNEY OF RECORD

DATE OF RECEIPT