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	CONTRACT #

REPORTER NAME	DEFENDANT'S NAME
EDISON #	CHARGE
ADDRESS	CASE NUMBER(S)
CITY, STATE, ZIP CODE	MULTIPLE DEFENDANT ☐
TELEPHONE NUMBER	CONTRACT ☐ OFFICIAL ☐
	COURT IN WHICH PROCEEDING HELD

TOTAL NUMBER OF ORIGINAL PAGES PREPARED	
COMPENSATION PER SET @ $3.50 (ORIGINAL AND ONE COPY)	$ 0.00
TOTAL NUMBER OF ADDITIONAL SETS	
COMPENSATION PER ADDITIONAL SETS @ $0.50/page	$ 0.00
TOTAL COMPENSATION DUE	$ 0.00

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