

CONTRACT REPORTERS

INSTRUCTIONS FOR COMPLETING REQUEST FOR PAYMENT IN INDIGENT MATTER

(Blank forms should be copied prior to completing;
forms also available at www.tncourts.gov)

PLEASE COMPLETE FULLY, INCLUDING SIGNATURES OF THE COURT REPORTER, ATTORNEY(S), AND THE JUDGE PRESIDING OVER THE PROCEEDING OR WHO HAS ORDERED THE PREPARATION OF THE TRANSCRIPT. IF THE FORM RECEIVED IS INCOMPLETE, IT WILL BE RETURNED WITH FURTHER INSTRUCTIONS.

Invoice Number – First initials of first and last name plus the case/docket number (i.e., CT24-CR-2016). If there is more than one case number, only one case number should be used in the invoice number space.

County – County in which proceeding was held.

Judicial District – District in which county is located.

Date of Proceeding – Date that proceeding began.

Date of Request – Date the request was made for the transcript.

Type of Proceeding (i.e., sentencing, pre-trial motions, etc.) – If there is more than one type of proceeding for which the transcript is being prepared, abbreviations may be used. If the space provided is still not enough, additional information may be added at the top of the form.

Contract # - This number is listed on the contract to provide court reporting services form. For example, Contract #24-CR999-00.

Charge – The crime defendant is charged with.

Court in Which Proceeding Held – i.e., criminal, general sessions, circuit

**In a single-defendant case, a court order should be attached if the request is for additional copies beyond the 1 original and 1 copy, as authorized by statute.*

**If there are multiple defendants, the box should be checked and the name(s) of the additional defendant(s) should be included.*

REQUEST FOR PAYMENT OF TRANSCRIPT IN INDIGENT MATTER – **SAMPLE**

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 ICR23-2573		Pope	JUDICIAL DISTRICT 55
DATE OF PROCEEDING 2/12/23	DATE OF REQUEST 7/11/23	TYPE OF PROCEEDING Jury Trial	CONTRACT # 24-CR111-00

REPORTER NAME Ida Court Reporter
EDISON # 0000123456
ADDRESS 555 Anytime Road
CITY, STATE, ZIP CODE Somewhere, TN 38261
TELEPHONE NUMBER 731-555-5555

DEFENDANT'S NAME Steve Indigent
CHARGE Murder
CASE NUMBER(S) 23-2573
MULTIPLE DEFENDANT <input checked="" type="checkbox"/> Missy Indigent
CONTRACT <input checked="" type="checkbox"/> OFFICIAL <input type="checkbox"/>
COURT IN WHICH PROCEEDING HELD Pope Co. Circuit Court

TOTAL NUMBER OF ORIGINAL PAGES PREPARED	200
COMPENSATION PER SET @ \$4.00 (ORIGINAL AND ONE COPY)	\$800
TOTAL NUMBER OF ADDITIONAL SETS	1 (200 pgs)
COMPENSATION PER ADDITIONAL SETS @ \$0.50/page	\$100
TOTAL COMPENSATION DUE	\$900

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 required)

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 11th day of August, 2023.

(signature required)

SIGNATURE OF COURT REPORTER

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

(signature required)

CLERK/ATTORNEY OF RECORD

DATE OF RECEIPT

CONTRACT REPORTERS

INSTRUCTIONS FOR COMPLETING REQUEST FOR PAYMENT FOR COURT APPEARANCE BY PER DIEM COURT REPORTER

(Blank forms should be copied prior to completing; forms also available at www.tncourts.gov)

PLEASE COMPLETE FULLY, INCLUDING SIGNATURES OF THE COURT REPORTER AND THE JUDGE PRESIDING OVER THE PROCEEDING. IF THE FORM RECEIVED IS INCOMPLETE, IT WILL BE RETURNED WITH FURTHER INSTRUCTIONS.

Invoice Number – First initials of first and last name, a space, plus the last court appearance date. (i.e., CT 071823). If payment is being requested for five court appearances, the last court appearance date should be used.

Contract # – This number (i.e., 24-CR111-00) is reflected on the contract to provide court reporting services (your contract).

Court in Which Proceeding Held – i.e., criminal, circuit

Official Court Reporter (employee, not contractor) – The name of the official court reporter who was unavailable to be in court should be listed in this space. The reason the official court reporter was unavailable should be reflected in the area provided on the form (i.e., *sick leave, court-approved leave, workload relief; other*). Please verify with the official court reporter the reason for absence.

Primary/designated court reporter – Technically, this is either a per diem or official court reporter; however, for the purpose of the form, it refers to the contract court reporter who has been officially (or unofficially) designated to act as the regular reporter for a particular court or judge.

Total Number of Hours (Hrs) Worked in Court (*when calculating this number, round beginning and ending hours to the nearest quarter hour – i.e., 8:15; 9:30; 10:45; when reflecting hours on form, reflect in decimal format – i.e., 8.25, 9.5, 10.75*) – This is the total number of hrs actually spent in court (when court begins and when court ends). This total should NOT include the time taken for lunch. For example, if court begins at 9:14 (round to 9:15) and ends at 7:18 (round to 7:15) with 1 hr for lunch, the total number of hrs worked would equal 9 hrs. (*See sample schedule on following page*)

Hours Worked in Excess of 8 hours – This is the number of additional hrs worked beyond 8 hrs. In the example listed above, the total number of hrs worked was 9; therefore, the number of hrs worked beyond 8 hrs would be 1 hr. This 1 hr would qualify for additional pay of \$25 per hr.

**If substituting for another per diem reporter who acts as the primary/designated reporter, please check the box “No official court reporter assigned to this court.”*

**Current mileage rate is \$0.655 per mile as of 1/1/23. Mileage is not reimbursable for service provided within a reporter’s residential county.*

**If the reporter worked for more than one judge during the dates for which payment is being requested, one form needs to be completed for each judge.*

SAMPLE WORK SCHEDULE
(for calculating number of hours (hrs) worked & additional hours (hrs) worked

**When calculating hrs worked, round beginning & ending hrs to the nearest quarter hour. (Quarter hours are represented in the following increments - 15 minutes, 30 minutes, 45 minutes, 1 hour; when including hours worked on the pay request form, reflect hrs in decimal format.) *(see examples below)*

- If court begins at 8:27 a.m. (round to 8:30 a.m.), ends at 5:17 p.m. (round to 5:15 p.m.), with 1 hr for lunch, the total number of hrs worked would be 7 hrs & 45 minutes, which would be reflected on the pay request form as 7.75 hrs.
- If court begins at 9:00 a.m., ends at 7:15 p.m. with a 15-minute lunch, the total number of hrs worked would be 10 hrs. The additional hrs worked beyond 8 hrs would be reflected on the pay request form as 2. The 2 hrs would then be multiplied by \$25 = \$50 additional pay.
- If court begins at 8:00 a.m., ends at 6:25 p.m. (round to 6:30), with 1 hr for lunch, the total number of hrs worked would be 9.5 hrs. The additional hrs worked beyond 8 hrs would be reflected on the pay request form as 1.5 hrs.
- If court begins at 9:30 a.m., ends at 7:45 p.m., with a 120-minute lunch (2 hrs), the total number of hrs worked would be 8 hrs & 15 mins, which would be reflected on the pay request form as 8.25 hrs; the additional hrs worked beyond 8 hrs would then be .25 hrs.
- If court begins at 8:15 a.m., ends at 8:45 p.m., with a 45-minute lunch, the total number of hours worked would be 11 hrs & 45 minutes, which would be reflected on the pay request form as 11.75 hrs; the additional hrs worked beyond 8 hrs would be 3.75 hrs.

REQUEST FOR PAYMENT FOR COURT APPEARANCE

SAMPLE

Administrative Office of the Courts

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

REPORTER NAME I.M. COURT REPORTER	
EDISON # 0000011111	
ADDRESS 123 Anytime Street	
CITY, STATE, ZIP CODE Lebanon, TN 37087	COUNTY OF RESIDENCE Wilson
TELEPHONE NUMBER 615-555-1212	

INVOICE NUMBER ICM 072123
CONTRACT # 24-CR111-00
JUDICIAL DISTRICT 20
COURT IN WHICH PROCEEDING HELD Criminal
PERSON SUBBING FOR (Official, Contract, or N/A) O. Court Reporter

Appearance Date	Location (COUNTY)	Total Number of Hours Worked in Court (do not include lunch period)	Hours Worked in Excess of 8 hours	Per Diem Fee	Fee for Additional Hours Worked (# hrs x \$25)	Mileage (current mileage rate = .655)		
						TO	FROM	TOTAL MILES
7/17/23	Davidson	9	1	\$350	\$25	30	30	60
7/18/23	Davidson	10	2	\$350	\$50	30	30	60
7/19/23	Davidson	8.5	.5	\$350	\$12.50	30	30	60
7/20/23	Davidson	3.75		\$175		30	30	60

	Per Diem Fee	Fee for Addt'l Hrs Worked	Mileage Amount
TOTALS	\$1,225	\$87.50	157.20
GRAND TOTAL (add all totals together)	\$1,469.70		

- The official court reporter named above was unavailable to be in court due to the following reason(s):
 Sick Leave Court-Approved Leave Workload Relief Other _____
- There is no official court reporter assigned to this court.
- I am the primary/designated court reporter for this court.

I certify that I was the per diem court reporter for this court for the date(s) reported above.

(signature required) _____
Signature of Court Reporter

_____ Date

I certify that the per diem court reporter named above worked in my court on the reported date(s).

(signature required) _____
Signature of Judge

_____ Date