

OFFICIAL 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.

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 # N/A

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 type="checkbox"/> OFFICIAL <input checked="" 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