

OFFICIAL COURT REPORTER MONTHLY WORK REPORT

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
EDISON #
ADDRESS
CITY, STATE, ZIP CODE
TELEPHONE NUMBER

MONTH	YEAR
COUNTY OF RESIDENCE	
JUDICIAL DISTRICT	
TOTAL \$	

DATE	ACTIVITY				REASON FOR ABSENCE FROM COURT (✓)			
	(County) IN-COURT HOURS	TRANSCR. HOURS	OFFICE TASKS HOURS	TOTAL HOURS	TOTAL MILES	CANCELLED	SICK LEAVE (#HOURS)	COURT- APPROVED LEAVE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
			TOTAL # MILES:					

ADDITIONAL OFFICE EXPENSE(S)(include date, description, & amount):

--	--	--

As an Official Court Reporter in this district, I hereby certify that the information contained in this monthly report is true and correct to the best of my knowledge. As presiding judge over the proceeding, I certify that the above-reported work was performed in my courtroom.

SIGNATURE OF COURT REPORTER

SIGNATURE OF JUDGE