

**Transcript Order Form**

To:

Carroll County Circuit Court Reporters  
ATTENTION: Jayne Hall  
Courthouse Annex – Room 106  
55 North Court Street  
Westminster, MD 21157  
410-386-2329  
410-848-0984 (Fax)

Ordering Party (please print):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: ( ) \_\_\_\_\_  
Fax No.: ( ) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Date Requested: \_\_\_\_\_  
Date Needed: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
\_\_\_\_\_

Hearing Date(s): \_\_\_\_\_  
Judge/Master: \_\_\_\_\_

**Type of Request:**

Non-Appeal \_\_\_\_\_  
Exceptions \_\_\_\_\_  
Appeal with Jury *Voir Dire* \_\_\_\_\_  
Appeal without Jury *Voir Dire* \_\_\_\_\_

Page Rates – Workdays (circle one):

<b>Expedited</b>	Per Page/1 <sup>st</sup> copy/2 <sup>nd</sup> copy
7-day turnaround	\$4.00 / \$5.00 / \$.25
<b>Regular</b>	
20-day turnaround	\$3.00 / \$5.00 / \$.25

**LAW FIRM CHECK, CERTIFIED CHECK OR  
MONEY ORDER PAYABLE TO COMPUSCRIBE  
FEDERAL I.D. 20-315-0692**

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**INVOICE  
(CompuScribe Use Only)**

Date: \_\_\_\_\_  
Invoice Number: CC12- \_\_\_\_\_  
Deposit Received: \$ \_\_\_\_\_  
Actual Cost: \$ \_\_\_\_\_  
Courier Fee: \$10.00  
Total Cost: \$ \_\_\_\_\_  
Amount Due: \$ \_\_\_\_\_  
Amount Refunded: \$ \_\_\_\_\_

Estimated Number of Pages Actual Number of Pages _____
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