## **REQUEST FOR TRANSCRIPT**

(PLEASE FILL OUT)

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Mail to: Cathene Nardozzi,

Court Reporters' Office Lackawanna County Courthouse

3<sup>rd</sup> Floor 200 North Washington Avenue,

Scranton, PA 18503

## (ALL INFORMATION BELOW MUST BE COMPLETED IN ORDER TO PROCESS)

CASE NAME: (Commonwo	ealth vs[name]) or (Party vs. Party)
File/Docket No:	
HEARING/TRIAL DATE(s	s):(Month/Day/Year)
JUDGE PRESIDING:	(NIONIN/Duy/ Leur)
(Requesting Attorney or Parts	y Name)
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(Phone Number)	(Transcript Format) PDF:
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