

REQUEST FOR TRANSCRIPT

(PLEASE FILL OUT)

FAX: (570) 963-6637
E-MAIL: nicola@lackawannacounty.org
Mail to: Lackawanna County Courthouse
Official Court Reporters' Office
200 North Washington Avenue
Third Floor
Scranton, PA 18503

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

CASE NAME: (Commonwealth vs.) or (Party vs. Party)

File No: _____

HEARING/TRIAL DATE(S): _____
(Month/ Day/Year)

JUDGE PRESIDING: _____

(Requesting Attorney or Party Name)

(Street Address)

(City, State and Zip Code)

(_____) _____ **E-mail:** _____
(Phone Number) *(Transcript Format)* ASCII: _____ PDF: _____

_____ **Date:** _____

(Signature of Ordering Attorney/Party)

(For Office Use Only)

TO: _____
Lackawanna County Official Court Reporter(s)

Received by: _____ **via Phone:** _____ **Voice Mail:** _____ **Walk-in:** _____ **US Mail:** _____ **E-mail:** _____ **FAX:** _____

Date: _____ **Time:** _____

RE: _____