

**SEVENTEENTH JUDICIAL CIRCUIT  
OFFICE OF THE COURT ADMINISTRATOR**

Court Reporting Services  
Broward County Courthouse  
201 S.E. 6<sup>th</sup> Street, Room 19170  
Fort Lauderdale, Florida 33301  
Telephone: (954) 831-6260/ Fax: (954) 831-6230

**TRANSCRIPT REQUEST FORM**

Case Style: \_\_\_\_\_ Case No: \_\_\_\_\_

Judge: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Dates of Proceedings: \_\_\_\_\_

**TYPE OF PROCEEDINGS**

Juvenile Dependency  Domestic Violence  Misdemeanor   
Juvenile Delinquency  Felony  Other

**REQUESTED BY**

Private Attorney  SRP (self-represented party)  DCF  Appointed Attorney  GAL   
Other  \_\_\_\_\_

Indigent for costs: YES  NO

**TYPE OF SERVICE**

30 business days  10 business days\*  6 business days\*  3 business days\*  Overnight\*   
\$6.00 per page      \$7.25 per page      \$8.50 per page      \$9.75 per page      \$10.25 per page

Copy rate   
\$1.10 per page

\*if available due to resources

**ORDERING PARTY INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Attorney of Record: YES  NO   
Party to the Case: YES  NO

**A FIFTY PERCENT (50%) NON-REFUNDABLE DEPOSIT OF THE ESTIMATED COST IS DUE TO PROCESS THE REQUEST. A CHECK OR MONEY ORDER MUST BE MADE PAYABLE TO THE STATE OF FLORIDA.**

**IT IS THE OBLIGATION OF THE REQUESTING PARTY TO IMMEDIATELY CONTACT CRS FOR THE CANCELLATION OF A TRANSCRIPT IF IT IS NO LONGER NEEDED.**