

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	WORK RELIEF (document case #)
1									
2									
3									
4									
5									
6									
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25									
26									
27									
28									
29									
30									
			TOTAL # MILES:						

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

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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
AOC Form CR-5 (Rev 6/15)

SIGNATURE OF JUDGE