REQUEST FOR PAYMENT FOR COURT APPEARANCE BY PER DIEM COURT REPORTER

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	
SOCIAL SECURITY #/TAX I.D. #/EDISON #	
ADDRESS	
CITY, STATE, ZIP CODE	**COUNTY OF RESIDENCE**
TELEPHONE NUMBER	

INVOICE NUMBER
DPA #
JUDICIAL DISTRICT
COURT IN WHICH PROCEEDING HELD
OFFICIAL COURT REPORTER

Appearance Date	Location (COUNTY)	Total Number of Hours Worked in Court (do not include lunch period)	Hours Worked in Excess of 8 hours	Per Diem Fee	Fee for Additional Hours Worked (# hrs x $25)	Mileage		
						TO	FROM	TOTAL MILES

	Per Diem Fee	Fee for Addt'l Hrs Worked	Mileage Amount
TOTALS			
GRAND TOTAL (add all totals together)			

❒ The official court reporter named above was unavailable to be in court due to the following reason(s):
☐Sick Leave ☐Court-Approved Leave ☐Workload Relief ☐Other_____

❒ There is no official court reporter assigned to this court.

❒ I am the primary/designated court reporter for this court.

I certify that I was the per diem court reporter for this court for the date(s) reported above.

_____ _____
Signature of Court Reporter Date

I certify that the per diem court reporter named above worked in my court on the reported date(s).

_____ _____
Signature of Judge Date