

# REQUEST FOR PAYMENT OF TRANSCRIPT IN INDIGENT MATTER

**Administrative Office of the Courts**

Nashville City Center, Suite 600 • 511 Union Street Nashville, TN 37219 • Phone (615) 741-2687 • Fax: (615) 532-9481

**PLEASE PRINT**

**STATE OF TENNESSEE VS.**

INVOICE NUMBER		COUNTY	JUDICIAL DISTRICT
DATE OF PROCEEDING	DATE OF REQUEST	TYPE OF PROCEEDING	CONTRACT #

REPORTER NAME
EDISON #
ADDRESS
CITY, STATE, ZIP CODE
TELEPHONE NUMBER

DEFENDANT'S NAME	
CHARGE	
CASE NUMBER(S)	
MULTIPLE DEFENDANT <input type="checkbox"/>	
CONTRACT <input type="checkbox"/>	OFFICIAL <input type="checkbox"/>
COURT IN WHICH PROCEEDING HELD	

TOTAL NUMBER OF ORIGINAL PAGES PREPARED	
COMPENSATION PER SET @ \$4.00 (ORIGINAL AND ONE COPY)	
TOTAL NUMBER OF ADDITIONAL SETS	
COMPENSATION PER ADDITIONAL SETS @ \$0.50/page	
<b>TOTAL COMPENSATION DUE</b>	

I, the undersigned, do hereby certify in accordance with T.C.A. §40-14-312, that the defendant was declared indigent by the Court, that the court reporter was authorized by the Court to properly prepare Transcript of the Evidence or parts thereof in accordance with the Tennessee Rules of Appellate or Criminal Procedure, and that the request for compensation is in compliance with the schedule of compensation as authorized by the Administrative Director of the Courts.

\_\_\_\_\_  
SIGNATURE OF COURT JUDGE

I, the undersigned, do hereby certify that the said transcript has been properly prepared and lodged with the Clerk/Attorney/Court Reporter's Office. This, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF COURT REPORTER

I (We), the undersigned, Clerk/Attorney(s) of Record, hereby acknowledge receipt of Transcript in this cause.

\_\_\_\_\_  
CLERK/ATTORNEY OF RECORD

\_\_\_\_\_  
DATE OF RECEIPT