**Court Services Department** Telephone: 519-344-8880

Western Sarnia-Lambton Research Park Toll-free: 1-800-387-2882  
1086 Modeland Road, Bldg. 1020, Suite 200 S Fax: 519-344-9379

Sarnia, ON N7S 6L2

**TRANSCRIPT ORDER FORM**

| **DATE OF ORDER:** |  | |
| --- | --- | --- |
| **FILE NUMBER:** | **1760** | |
| **DEFENDANT NAME:** |  | |
| **PRESIDING OFFICIAL:** |  | |
| **COURT DATE(S):** |  | |
| **NUMBER OF COPIES (3 REQUIRED FOR APPEAL):** | |  |

**APPEAL: YES  NO**

**Appealing:**

**Conviction  Sentence  Conviction and Sentence**

| **FUTURE COURT DATE (if applicable):** |  |
| --- | --- |

| **SPECIAL INSTRUCTIONS (i.e. inclusive of submissions, etc.):** | |
| --- | --- |
|  |

| **AMOUNT OF DEPOSIT RECEIVED:** | **$** |
| --- | --- |

**To Parties Not Represented by Legal Counsel/Agents:** There is a fee per page for the transcript. A deposit will be required before the transcript is produced.

| **ORDERING PARTY INFORMATION (PLEASE PRINT)** | |
| --- | --- |
| **NAME:** |  |
| **ADDRESS:** |  |
| **TELEPHONE:** |  |

***In the event I wish to cancel this order, I will do so in writing and pay the standard fee for work already completed up to the date of receipt of the cancellation notice by the court reporter.***

| **SIGNATURE OF ORDERING PARTY:** |  |
| --- | --- |

| ORDER RECEIVED: |  |
| --- | --- |
| ORDER ENTERED: |  |
| ORDER COMPLETE: |  |
| ORDERING PARTY NOTIFIED: |  |