

**TRANSCRIPT ORDER FORM**

Email: [Sondra.Graves@mdcourts.gov](mailto:Sondra.Graves@mdcourts.gov) or

Mail to: Circuit Court for Charles County

200 Charles Street

La Plata, Maryland 20646

Attn: Request for Transcript

\_\_\_\_\_ State/Plaintiff

Versus

\_\_\_\_\_ Case Number

\_\_\_\_\_ Defendant

Date of Hearing (including year): \_\_\_\_\_

Judge or Magistrate's Name: \_\_\_\_\_

This transcript is for Appeal. Appeal filed on \_\_\_\_\_

This transcript is for an Exception to the Magistrate's Recommendations. Exceptions filed on \_\_\_\_\_.

This transcript is requested to assist in another hearing which is scheduled for \_\_\_\_\_.

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

<i>Administrative Use Only</i>	Date Received:	By:
Written Estimate:	Verbal Estimate:	
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