



DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_ City/County

Located at \_\_\_\_\_ Court Address Case No. \_\_\_\_\_

STATE OF MARYLAND OR

\_\_\_\_\_ vs. \_\_\_\_\_ Full Name of Plaintiff(s) Full Name of Defendant(s)

REQUEST FOR CD RECORDING / TRANSCRIPT

NOTE TO APPLICANT:

CD Recording

- Fee due in advance is \$15.00 per case.
• Requests are processed on a first come first served basis (no exceptions).
• Cases heard more than three years ago are not available for recording.

Transcript

- Written transcripts are provided on civil appeals only.
• A \$75.00 deposit in advance is required. Transcript costs are \$3.00 per page. Any balance due will be billed to the requestor.

PLEASE PROVIDE THE FOLLOWING COURT INFORMATION:

Trial Date \_\_\_\_\_ Courtroom \_\_\_\_\_

Court Location \_\_\_\_\_ Judge \_\_\_\_\_

REQUESTED BY:

OPTIONAL

Please mail to (if different from address shown on left):

\_\_\_\_\_ Name

\_\_\_\_\_ Name

\_\_\_\_\_ Street # Apt #

\_\_\_\_\_ Street # Apt #

\_\_\_\_\_ City State Zip

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Telephone

\_\_\_\_\_ Telephone

\_\_\_\_\_ Signature of Applicant Date

\_\_\_\_\_ Signature of Applicant Date