

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: \_\_\_\_\_

In Re the Marriage of:  
\_\_\_\_\_

\_\_\_\_\_  
Plaintiff / Petitioner

vs / and

**Request for Transcript**

\_\_\_\_\_  
Defendant / Respondent

\_\_\_\_\_  
Intervenor

**TO: Court Administration**

I, \_\_\_\_\_, request a transcript of the hearing  
(Your Name)  
held on \_\_\_\_\_, before the Honorable \_\_\_\_\_  
(Date of Hearing) (Name of Magistrate, Judge, or Referee)

**Purpose of the Request: (Check one)**

- For Information Only: An original transcript and one copy will be made
- Motion to Correct Clerical: An original transcript and two / three copies will be made
- Motion for Review: An original transcript and two / three copies will be made
- Appeal to Court of Appeals: An original transcript and three / four copies will be made

**Is the County Agency a party in this action?** \_\_\_\_\_ yes \_\_\_\_\_ no **If yes, provide name and address of the county attorney:** \_\_\_\_\_

Clearly print your name, address, and a daytime phone number where you can be reached in the area below. The transcriber who will prepare the transcript will contact you by telephone or by mail with the estimated cost of the transcript. Payment for the transcript and all additional copies must be made to the transcriber **before** the transcript is prepared. **Failure to do so may result in your request being cancelled.**

If you cannot afford to pay the transcriber's fee, you may file a request to proceed In Forma Pauperis. See the Instructions page on how to get an In Forma Pauperis application form. **You must send a copy of the order that waives your costs for the transcript to the transcriber as soon as possible to verify that the court will pay for the transcript. Failure to do so may result in your request being cancelled.**

Dated: \_\_\_\_\_

(Include the other party's name and address below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Attorney for: \_\_\_\_\_