

Ordering of Transcripts

A Request for Transcript form is available to download and print from the Alpena County Circuit Court and Family Division webpage (or) the form is available to pick up in the Alpena 26th Judicial Circuit Court or the Montmorency County Family Division.

26th Judicial Circuit Court
720 West Chisholm Street, Suite 1
Alpena, MI 49707

Montmorency County Family Division
PO Box 789
Atlanta, MI 49709

Transcript Request Form

Once the Request for Transcript Form is completed, the party requesting the transcript must contact the transcriber of choice either by email, telephone or mail to provide the transcript request information.

The transcriber of choice will provide an estimated amount for the transcript which must be paid before the transcript will be produced. The transcriber of choice will contact the 26th Circuit Court to notify that a transcript has been requested.

Upon completion of the transcript, the original copy of the transcript will be filed with the County Clerk's office and a copy will be given to the requester.

STATE OF MICHIGAN
26th Circuit Court

REQUEST FOR
TRANSCRIPT

CASE NO.

Court Address:

720 W. Chisholm Street Suite 1, Alpena, MI 49707

Court Telephone No.

(989) 354-9573

Plaintiff name(s)	Defendant name(s)
Plaintiff's attorney, bar no., address and telephone no.	Defendant's attorney, bar no., address and telephone no.

NOTE: Type the names and addresses of other attorneys on the back of this form.

I request ☐ an original transcript and _____ copies of the proceeding specified below. The transcriber shall file the original with the Clerk of the Court and provide the copy(ies) to the requesting party.

Judge/Referee	County	Date of Proceeding	Time of Proceeding
Type of Proceeding: <input type="checkbox"/> Trial or Hearing <input type="checkbox"/> Motion <input type="checkbox"/> Plea and/or Sentence <input type="checkbox"/> Other (describe): _____			
Special Instructions (specify whether request is for a complete transcript or a portion of the transcript)			

This transcript is ☐ For an Appeal
☐ Not for an Appeal

Signature _____

Requested turn-around time: _____

Name (type or print) _____

Send bill to: _____

Address _____

City, State, Zip _____

Telephone No. _____

Date: _____

Please choose a Court approved transcription provider:

☐ Curtiss Reporting
P.O. Box 6
Traverse City, MI 49685
Phone: (231) 941-8715
Email: mailbox@curtissreporting.com

☐ Susan Wilds
5290 E. 8 Mile Road
Sault Ste. Marie, MI 49783
Phone: (906) 440-4209
Email: wilds_ms@yahoo.com

☐ Michelle Nelson
1110 Lakeview Court
Petoskey, MI 49770
Phone: 231-330-8393
Email: michelleedavis91@gmail.com

☐ Jennifer Boyer
7199 Barney Road
Alanson, MI 49706
Phone: (231) 330-7614
Email: jjboyer@centurylink.net

☐ Northern Transcription LLC
P.O. Box 34
Lachine, MI 49753
Phone: (989) 464-7355
Email: northerntranscription@gmail.com

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Failure to provide all requested information will result in the form being returned to you and a possible delay in the production of the transcript.

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