

### **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 26<sup>th</sup> Judicial Circuit Court or the Montmorency County Family Division.

26<sup>th</sup> 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 26<sup>th</sup> 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  
26<sup>th</sup> 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)
Plaintiff's attorney, bar no., address and telephone no.

Defendant name(s)
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 or  
(800) 848-3217  
Fax: (231) 941-8742

Susan Wilds  
7281 S. Nicolet Road  
Sault Ste. Marie, MI 49783  
Phone: (906) 440-4209  
Email: wilds\_ms@yahoo.com

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

Michelle Davis  
3674 King Road  
Petoskey, MI 49770  
Phone: (231) 330-8393  
Email: michelleedavis91@gmail.com

=====

**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.**

Revised 5/2019