

SUPERIOR COURT OF GUAM ~ COURT REPORTERS UNIT

Guam Judicial Center • 120 West O'Brien Drive • Hagåtña, Guam 96910

TELEPHONE: 475-3540

475-3156

FAX: 472-2856

Date: _____

REQUEST FOR TRANSCRIPT

(Other than Appeal)

Requesting Party: _____ (Name)
 _____ (Business Address)
 _____ (Telephone Number)

CASE NAME/NUMBER: _____

☐ Check ☒ box if Court-Appointed

Please prepare a transcript of the following:

[illegible]

Transcript is needed on or by _____

IMPORTANT! *(Please read prior to signing)*

- ◆ **A copy of the Minute sheets / Log Notes is attached hereto for reference.**
- ◆ The undersigned will be responsible for the cost(s) incurred in preparing said transcript.
- ◆ The undersigned must pay for any portion of a transcript that has been completed prior to a written notice of cancellation.
- ◆ Transcripts **will not** be filed with the Clerk's Office until payment is made in full.
- ◆ The undersigned **may be** required to deposit one-half of the estimated cost, based upon the review and at the discretion of the Court Reporter Supervisor and the concurrence of the Clerk of Court.
- ◆ Please note that requests for **Appeal Transcripts** must be prepared in accordance with Rule 7(b) of the Rules of Appellate Procedure for the Supreme Court of Guam.
- ◆ Transcript Requests received after 4:00 P.M. are considered a transaction of the next business day.

Please print your name: _____

(Authorized Signature)