

STRUTHERS MUNICIPAL COURT 6 Elm Street Struthers, Ohio 44471 TRANSCRIPT REQUEST FORM				FOR COURT USE ONLY DATE/TIME STAMP:	
Name		Phone			
		Email Address			
Mailing Address		City		State	Zip
Case Number		Case Name			
TRANSCRIPT REQUESTED					
Portion(s)		Date(s)		Portion(s)	
Date(s)				Date(s)	
Arraignment				Voir Dire	
Pretrial Proceeding				Witness Testimony	
Plea				All Witnesses	
Motion Hearing				Specific Witnesses (list below)	
Protection Order Hearing					
Continuance					
Bench Trial				Sentencing	
Jury Trial				Other	
Certification: By signing below, I understand that I am responsible for all costs associated with this request.					
Signature:					
FOR COURT USE ONLY:					
Transcript prepared by:					
	Date	By		Amount	Date
Order Received			Deposit Paid		
Deposit Paid			Total Charges		
Transcript Ordered			Less Deposit		
Notified to Pick Up Transcript			Total Refunded		
Party Received Transcript			Total Due		

Return completed form, along with your \$ _____ deposit, to Struthers Municipal Court Clerk of Court office at the address above.