Revised: 8-1-2026 **MODERN COURT REPORTING & VIDEO, LLC**

133 Keveling Drive - Saline, Michigan 48176

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You will be contacted via email by the transcription company upon receipt of your request.

TRANSCRIPT REQUESTED BY: (PLEASE PRINT LEGIBLY)

NAME:_____

Firm: _____

Address:_____

City_____

State: _____**ZIP:**_____

PHONE: _____

EMAIL (REQUIRED):

_____

For civil cases a court case caption or pleading for transcription purposes must be provided, via E-mail is acceptable

FOR CRIMINAL CASES: Requesting party is:

COURT APPOINTED:_____

PRIVATELY RETAINED:_____

SPECIFIC COURT: _____.

COUNTY: _____

PLEASE GIVE FIRST AND LAST NAMES ON CAPTION:

CASE NAME: _____

CASE NUMBER: _____

DATE(S) OF HEARING(S):_____

_____

Type of Hearing:_____

JUDGE/REFEREE:_____

Is this for an appeal? DUE DATE REQUESTED:_____

☐ Yes-If for appeal-, please discuss timeline and cost estimate with transcription company

☐ No

TYPE OF REQUEST -TURNAROUND TIME:

(Ordinary transcript - $4.65/page (28 calendar days)**

(for original + one copy per statute)

☐ Minimum charge, $50 per transcript, 90 cent/ copy**

(Usually applies to transcript of 8 pages or less)

☐ 2 weeks turnaround - $5.25 per page

☐ Rush transcript - $5.50/page (10 business days *)

☐ Expedited transcript - $6.50/page (7 business days*)

☐ Expedited transcript - $7.50/page (5 business days*)

☐ Expedited copy - $1.25/page (5 business days)

☐ Overnight/24-hour turnaround/$12 per page

(Please consult with transcription service for expedited requests-available on case-by-case basis due to our workload)

turnaround time commences from date of receipt of pre-payment.

TYPE OF PRODUCTION

☐ Transcript as **PDF** format **only;** printed copy not needed

☐ Both: **PDF and printed** transcript (mailing will apply)

☐ Full-sized, **printed** transcript only ***Shipping/mailing charges average $10.45 priority mail for printed copy***

_____

Signature of ordering party today's date (Required)

By signing this transcript request, I certify that I have read the above information and will promptly pay any charges due upon completion of the transcript.

**indicates statutory rate as per (MCL 600.2543), as amended by 2004 PA 328.

PRE-PAYMENT OF THE FULL ESTIMATED COST IS REQUIRED BEFORE COMMENCEMENT OF TRANSCRIPTION.

Transcription company estimates cost based upon past experience. Any overage paid will be promptly refunded. The requesting party will be notified of any remaining balance due. Transcript will be provided upon receipt of remaining balance. Payment may be made via credit card, firm check, personal check, or money order. For credit card payment please contact the transcription company, a 3% credit card fee is added. W-9FORM IS PROVICED UPON REQUEST

_____

THIS SPACE FOR AGENCY USE ONLY:

T/O#_____ INV. #_____

DUE_____cert. reporter?_____

Date Request Received_____

CONTACTED:_____

Minutes_____ Page estimate:_____

_____

_____

Required Deposit:_____

Date Received:_____/balance:_____

Downloaded to: AJSN / KRS (circle one)

To Typist_____ On_____

Proofed/Final_____

Date Mailed/Emailed:_____

DATE Filed at court:_____

Printed:_____

revised: 4-2-2025