IN THE SUPERIOR COURT OF THE VIRGIN ISLANDS

DIVISION OF _____

SUPERIOR COURT OF THE VIRGIN ISLANDS TRANSCRIPT REQUEST FORM

[This form is required when requesting Transcripts, to include transcript requests NOT Connected With An Appeal and Transcripts In Appointed Cases, as well as transcripts for hearing where electronic reporting (FTR) was used. Forms Must be Submitted to the Court Reporting Supervisor in the respective District and a Copy Submitted to the Clerk of Court and the Respective Division of the Court, for Entry Onto the Docket] THE COURT / PLAINTIFF / DEFENDANT (S) (circle one) HEREBY ORDERS A TRANSCRIPT OF THE PROCEEDINGS, AS DESCRIBED BELOW:

-uoo 1101	Case Type:(Civ., Crim., Fam., Prob., Small Claims, Traffic, Other)
0 - 11	
Caption:	
Date(s) of Hearing/Proceeding:	
	Be Transcribed: nal Bench Tr., Jury Trial, Hearing on Motion, Sentencing, etc.)
or any other limitations o	specifically any portions of proceeding NOT to be transcribed r special requests affecting the
COURT REPORTER:	
	YESNO
If Yes, specify:	7-day Expedited OR 14-day Expedited requested, please note any upcoming hearing dates
If Yes, specify: If Expedited Transcript I	7-day Expedited OR 14-day Expedited
If Yes, specify: If Expedited Transcript i affected by this	7-day Expedited OR 14-day Expedited
If Yes, specify: If Expedited Transcript i affected by this request:	7-day Expedited OR 14-day Expedited requested, please note any upcoming hearing dates
If Yes, specify: If Expedited Transcript I affected by this request: FINANCIAL ARRANGEN	7-day Expedited OR 14-day Expedited requested, please note any upcoming hearing dates
If Yes, specify: If Expedited Transcript I affected by this request: FINANCIAL ARRANGEN REQUEST (Check Appro	requested, please note any upcoming hearing dates IENT MADE: Yes No TYPE OF priate Box):
If Yes, specify: If Expedited Transcript I affected by this request: FINANCIAL ARRANGEN REQUEST (Check Appro PRIVATE COUNSEL Print Name:	requested, please note any upcoming hearing dates IENT MADE: Yes No TYPE OF priate Box): APPOINTED COUNSEL OTHER (Attach motion for transcript/order) Date:
If Yes, specify: If Expedited Transcript I affected by this request: FINANCIAL ARRANGEN REQUEST (Check Appro PRIVATE COUNSEL Print Name: Signature:	requested, please note any upcoming hearing dates IENT MADE: Yes No TYPE OF priate Box): APPOINTED COUNSEL OTHER (Attach motion for transcript/order)

TO BE COMPLETED BY CLERK:	
MAGISTRATE:	CLERK:
APPROXIMATE TIME:	

REV 5/2021