

**IN THE COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
BUTLER COUNTY, OHIO**

**TRANSCRIPT REQUEST FORM**

**INSTRUCTIONS:** Fill out the following information; an incomplete request form will result in a delay in processing. FULLY COMPLETED TRANSCRIPT REQUEST FORMS must be submitted via email to [DRCourtWebResponse@butlercountyohio.org](mailto:DRCourtWebResponse@butlercountyohio.org) OR via fax at 513-887-5640. Allow 1 business day for processing by our office of this form.

**\*\*\*\*Unless required for a pending appeal, transcript requests SHALL NOT include any *in camera* interviews. If you request a transcript for *in camera* interview on this form and there is no pending appeal, then you may be subject to sanctions.\*\*\*\***

**Case Information**

Case Number: \_\_\_\_\_ Court of Appeal Case Number (if applicable): \_\_\_\_\_

Petitioner/First Petitioner/Plaintiff: \_\_\_\_\_

Respondent/Second Petitioner/Defendant: \_\_\_\_\_

**Requesting Party Information**

Date of Request: \_\_\_\_\_  
Month Day Year

Name of Requestor: \_\_\_\_\_  
First and Last Name

E-mail Address: \_\_\_\_\_  
Email (please list one that you check regularly, it will be used for communication regarding your request)

Address of Requestor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address City State Zip Code (Area Code) Phone Number

Is Requestor an Attorney?  No  Yes, Attorney's Ohio Supreme Court Number: \_\_\_\_\_  
Supreme Court Number

**Specific Requested Transcript Information**

What type of transcript are you requesting?  Audio (CD)  Written (typed)

Required completion date\*: \_\_\_\_\_

Reason for transcript request: \_\_\_\_\_

Next hearing date that requires transcript: \_\_\_\_\_

Was an interpreter assigned to any of the requested hearings?  Yes  No

Request for copy of already transcribed proceedings?  Yes  No

Are you requesting copies of exhibits admitted at the hearings? If yes, there will be additional charges.  
 Yes  No

**Requested Hearing Information:** (For additional hearings, use a separate page and include with your request)

Hearing Date(s)	Hearing Type(s)	Hearing Officer(s)	Assigned Judge

**\*TRANSCRIPT REQUESTS TO BE COMPLETED WITHIN 10 BUSINESS DAYS OR LESS SHALL BE CONSIDERED EXPEDITED AND SHALL BE CHARGED ADDITIONAL FEES FOR SUCH EXPEDITED REQUEST.**

Court Staff processing request: \_\_\_\_\_

Date Request is received by Administrative Office: \_\_\_\_\_