

COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO

\_\_\_\_\_  
Plaintiff / Petitioner

-vs/and-

\_\_\_\_\_  
Defendant / Petitioner

Date: \_\_\_\_\_

Case No. \_\_\_\_\_

File No. \_\_\_\_\_

CSEA No. \_\_\_\_\_

Judge \_\_\_\_\_

**REQUEST FOR TRANSCRIPTION**

I request that a transcript be prepared of the recorded hearing before Judge/Magistrate \_\_\_\_\_  
(insert name)  
heard on \_\_\_\_\_, 20\_\_\_\_. The transcript is needed for a/n \_\_\_\_\_  
(insert dates of hearings) (insert type of hearing)  
scheduled before Judge/Magistrate \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.  
(insert name) (insert court date)  
The objection was filed on \_\_\_\_\_. Pursuant to Civ. R. 53, the transcript shall be filed within 30 days after  
(insert filing date)  
filing objections, unless the court extends the time in writing for preparation of the transcript or other good cause shown.

**PLEASE MAKE THE APPROPRIATE SELECTIONS:**

\_\_\_\_ Original \_\_\_\_\_ Is transcript to be filed by the court reporter?  
\_\_\_\_ Additional copy \_\_\_\_\_ Is transcript for a pending appeal?  
\_\_\_\_ Additional condensed copy \_\_\_\_\_ Case No. \_\_\_\_\_  
\_\_\_\_ Audio CD

**TRANSCRIPT PAGE RATES ARE AS FOLLOWS:**

- Original (Paper or ASCII) to each party, regular delivery .....\$ 2.70 per page \*
- Additional copy, (paper, ASCII or condensed) after ordering original, either party.....\$ .30 per page \*
- Ten business days.....\$ 2.80 per page \*
- Overnight to five business days .....\$ 3.90 per page \*
- Same day .....\$ 4.65 per page \*
- Appeal transcripts .....\$ 4.15 per page

\* A premium of .15¢ per page has been added to the above page rates for transcription of digitally-recorded proceedings. Key word index included with all originals at no charge.

**Estimate of \$ \_\_\_\_\_ provided by \_\_\_\_\_.**  
**Accepted for further processing: Yes \_\_\_\_\_ No \_\_\_\_\_**

**PAYMENT Info: You must contact Dan Neumeister within three days at (513) 946-5431 for payment arrangements and for any other questions regarding the transcript request.**

Please return this completed form to the Decree Office, Court of Domestic Relations, 800 Broadway, Rm. 2-29, Cincinnati, Ohio 45202, or FAX: (513) 946-9089.

\_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Daytime Phone (MUST PROVIDE)