**THE SUPERIOR COURT OF THE STATE OF DELAWARE**

**TRANSCRIPT REQUEST FORM**

**PLEASE READ IN FULL BEFORE SUBMITTING YOUR REQUEST**

* All sections of this form must be completed to process your request for a transcript.
* Please complete a **separate** request form for **each** transcript request.
* The cost of a transcript is based on a per-page rate:
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  + Same Day Delivery (midnight of the same business day): $7.00 per page for an original and one copy and $5.00 per page for additional copies.
* Once your request has been processed, a Court Reporter will contact you with an estimate and delivery details. A deposit from one-half the estimated cost, up to the total amount of the estimated cost, may be required by the Court Reporters' Office prior to preparation of transcript**.**

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| **I. CASE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Criminal** | OR | | | | **Civil**  (Check One) | | | | | **Case Number:** | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Case Name or Defendant**: | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date of Proceeding**: | | | | | | | | | | **Presiding Judge**: | | | | | | | | | | | | | | |
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| **Proceeding Type:** | | | | Motion | | | | Hearing | | | | | | Case Review | | | | | | | Plea | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Trial | | Violation of Probation | | | | | | | Other: | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | | | | | | | | | | | |
| **Is this transcript associated with a Supreme Court appeal?** | | | | | | | | | | | Yes | | | | OR | | | | No | | | |  | |
|  | | | | | | | | | | | | |  | | | |  | | | | | | |  |
| **Delivery Time:** | | | Normal | | | | Expedited | | | | | Daily | | | | | | | | Same Day | | | | |
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| **II. REQUESTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Relationship to Case/Defendant:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Phone Number**: | | | | | | | | | | **Email**: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Requestor Signature**: | | | | | | | | | | | | | | | | | | **Date**: | | | |  | | |
|  | | | | | | | | | | | | | | | | | |  | | | |  | | |
| **SUBMIT COMPLETED REQUEST FORM TO:** | | | | | | | | | | | | | | | | | | | | | | | | |
| New Castle County  Court Reporters Office  500 N. King Street  Level 2, Ste. 2609  Wilmington, DE 19801  [Superior.NCC.Transcripts@delaware.gov](mailto:Superior.NCC.Transcripts@delaware.gov)  (302) 255-0800 Option #6 | | | | | | Kent County  Court Reporters Office  38 The Green  1st Floor, Room 155  Dover, DE 19901  [michelle.d.webb@delaware.gov](mailto:michelle.d.webb@delaware.gov)  (302) 735-1901 | | | | | | | | | | Sussex County  Court Reporters Office  1 The Circle  2nd Floor, Room 202  Georgetown, DE 19947  [christine.quinn@delaware.gov](mailto:email@delaware.gov)  (302) 856-5596 | | | | | | | | |