**The Family Court of the State of Delaware**

In and for  New Castle County  Kent County  Sussex County

**REQUEST FOR TRANSCRIPT**

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| --- | --- | --- | --- | --- |
| Criminal Case Number(s): | |  | Civil Case Number(s): | |
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|  |  |  |  |  |
| Case File Number(s): | |  | Petition Number(s): | |
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| --- | --- | --- | --- | --- |
| Petitioner/Attorney’s Name: | |  | Address: |  |
|  |  |  |  |  |
|  |  |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of Case: |  |  |
|  | Petitioner Name: |  |  |
|  | Respondent Name: |  |  |
| 2. | Hearing Officer: |  |  |
| 3. | Date of Hearing: |  |  |
| 4. | I certify that I will pay all costs associated with the preparation of the transcript. | | |
| 5. | If requesting a portion of a transcript, please contact the Appeals Case Manager. | | |
| 6. | Pursuant to Family Court Civil Rule 90.3, only parties to the proceeding or their attorneys shall be | | |
|  | entitled to a transcript. | | |

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| --- | --- | --- | --- | --- |
| Date: |  |  | Signature of Petitioner/Attorney: |  |

When your request is received, the cost of the transcript will be calculated based on the number of pages and you will be notified by mail advising you of the cost. Payment must be received within thirty (30) days from the date of the letter. Once payment is received, the transcriber will pick up the tape(s) for transcribing. This normally takes thirty (30) days to complete. When the Court receives the transcript back from the contractor, you will be notified.

This form is to be completed and mailed or hand delivered to Family Court at the address listed below to the attention of the Appeals Case Manager:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Family Court  500 N. King Street  Wilmington, DE 19801  (302) 255-0244 |  | Family Court  400 Court Street  Dover, DE 19901  (302) 672-1054 |  | Family Court  22 The Circle  Georgetown, DE 19947  (302) 855-7473 |