## THE SUPERIOR COURT OF THE STATE OF DELAWARE TRANSCRIPT REQUEST FORM

## PLEASE READ IN FULL BEFORE SUBMITTING YOUR REQUEST

- All sections of this form <u>must</u> 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:
  - Normal Delivery (approximately 30+ business days): \$3.00 per page for an original and one copy and \$2.00 per page for additional copies
  - Expedited Delivery (5 business days): \$5.00 per page for an original and one copy and \$3.00 per page for additional copies.
  - Daily, or Overnight, Delivery (8:00 AM the next business day): \$6.50 per page for an original and one copy and \$4.00 per page for additional copies.
  - 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.

I. CASE INFORMATI	ON			
Criminal □ OR	Civil □ (Check	One) Case Nu	ımber:	
Case Name or Defenda	nnt:			
Date of Proceeding:		Presidir	ng Judge:	
Proceeding Type:	Motion □	Hearing $\square$	Case Review □	Plea □
Trial □ Viola	ation of Probation □	Other:		
Is this transcript associ	iated with a Supreme	Court appeal? Ye	es 🗆 OR No	
Delivery Time:	Normal □	Expedited □	Daily □	Same Day □
II. REQUESTOR INFO	ORMATION			
Name:				
Relationship to Case/D	efendant:			
Address:				
Phone Number:		Email: _		
Requestor Signature:			Date:	
	SUBMIT CO	MPLETED REQUE	ST FORM TO:	
New Castle County		Kent County Sussex Co		ussex County

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