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TRANSCRIPT AND/OR MULTIMEDIA REQUEST FORM

TODAY'S DATE:	COUNTY OF CASE:
CASE NAME: (Plaintiff / Defendant)	
CASE NUMBER:	DATE OF PROCEEDING:
PRESIDING JUDGE:	TYPE OF PROCEEDING:
REQUESTED BY:	EMAIL ADDRESS:
ADDRESS & PHONE NUMBER:	

REQUEST (please check what applies):

Audio/Video Disc \$25 (pick up or mail \$1.50 postage)-

Audio/Video SharePoint Link \$25 by email (active for 3 days)

Written Transcript (call for estimate) - (\$4 per page up to 30-day turnaround time)

BOTH Transcript AND disc or link

** Payments made by Money Order or Cashier's Check Payable to- STATE OF FLORIDA. ** Payments made by debit/credit cards via website link- subject to \$2.50 processing fee.

* Deposit required for transcripts; full payment required for audio/video before release. *

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Name of Requester

Date