PHILADELPHIA FAMILY COURT - DOMESTIC RELATIONS DIVISION

CUSTODY/SUPPORT Hearing Officer UNITS

1501 ARCH STREET – 13TH FLOOR PHILADELPHIA, PENNSYLVANIA 19102

(215) 686-8865 (Support) - (215) 686-9208 (Custody)

_____	**:PACSES CASE #**_____
PLAINTIFF	**:**
VS.	**: DOCKET #** _____
_____	**:**
DEFENDANT	**: DATE NOTES OF**
	: TESTIMONY ORDERED _____

REQUEST FOR NOTES OF TESTIMONY AND AGREEMENT FOR PAYMENT

I hereby request that the Hearing Officer Unit of the Domestic Relations Division process my request for transcription of the Notes of Testimony for the following Hearing in this case:

Date of hearing: _____ Presiding Officer:_____

I am requesting: ☐ regular processing (up to 21 days) at $1.70 per page ☐ expedited processing (up to 14 days) at $1.85 per page ☐ daily processing (up to 7 days) at $2.35 per page

☐ plus ____ additional copies at $.30 per page.

I am submitting a $50.00 ☐ money order ☐ cashier's check ☐ attorney's check (NO PERSONAL CHECKS WILL BE ACCEPTED) made payable to "Office of Judicial Records," and to be credited as follows: $25.00 as payment of the Court's NON-REFUNDABLE processing fee, and $25.00 as deposit toward the court's cost in obtaining the requested Notes of Testimony. I understand that payments must be made by mail or in person at the Clerk of Family Court, 1501 Arch St., 11th Floor Philadelphia, Pa. 19102.

I agree to pay the full cost of the transcription based on the type of processing I have indicated above, less the $25.00 deposit, immediately upon notification that the Notes of Testimony are ready for pickup. I agree to pay the full transcription cost even if I determine that I do not need the Notes of Testimony after the court has processed my request for same. **I am aware that my failure to pay the full balance due may result in the Court's refusal to permit me to order any further Notes of Testimony for this or any other case until the full balance is paid.**

Person requesting transcription of Notes of Testimony is:

☐ Plaintiff ☐ Attorney for the Plaintiff - Attorney ID #_____

☐ Defendant ☐ Attorney for the Defendant - Attorney ID #_____

_____ _____

Name (please print) Signature

_____ _____

Address Date

_____

_____

Telephone No.(including area code)

_____

Fax No. (including area code)

****PLEASE NOTE THAT REQUEST FOR NOTES OF TESTIMONY ARE SENT OUT TO INDEPENDENT TRANSCRIBERS WHO ARE NOT LOCATED ON COURT PREMISES. PROCESSING DOES NOT START UNTIL ORDERS ARE RECEIVED BY THE TRANSCRIBER**