

CHEROKEE COUNTY - BLUE RIDGE JUDICIAL CIRCUIT

CRIMINAL TRANSCRIPT REQUEST FORM

PLEASE NOTE: ALL REQUESTS FOR CRIMINAL TRANSCRIPTS MUST BE SUBMITTED THROUGH THE COURT ADMINISTRATOR'S OFFICE AT:
CourtAdmin@brjc.net or **90 North Street, Suite 370, Canton, GA 30114**

SUPERIOR STATE JUVENILE MAGISTRATE
(Circle One)

STATE OF GEORGIA vs. _____

Case # _____ Date of Proceeding: _____ Type: _____
(Trial/Motion/Plea, etc.)

Judge: _____ Court Reporter (if known) _____

Requested by: _____ Telephone: () _____
(Attorney or Party)

(Address) ****Email Address:** _____

APPOINTED or RETAINED

Special Requests/Instructions: _____

(Signature of Requestor) Date

****Email address is required as transcript will be delivered in electronic format**

*******COURT ADMINISTRATOR'S OFFICE USE ONLY*******

RECEIPT OF REQUEST FOR TRANSCRIPT

Date Request Received: _____ Via: _____
(Email/Fax/Hand Delivered, etc.)

By: _____ Court Reporter: _____
(Initials/Name of Receptor) (Verified Name of Court Reporter)

Request Sent to Court Reporter via _____ on _____