## CIRCUIT COURT OF THE 15<sup>th</sup> JUDICIAL CIRCUIT Ogle County, Illinois

## OFFICIAL COURT REPORTERS OFFICE 106 S. 5th Street, Suite 204

Oregon, Illinois 61061 Telephone: 815-732-1161 Fax: 815-732-3551

MONICA POPE Official Court Reporter mpope@oglecounty.org ANGELA MILLER Official Court Reporter amiller@oglecounty.org

## TRANSCRIPT REQUEST FORM

| Today's Date:               |                           |   |                             |
|-----------------------------|---------------------------|---|-----------------------------|
| Name:                       |                           |   |                             |
|                             |                           |   |                             |
| City/State/Zip              |                           |   |                             |
| Phone Number:               | Emai                      | 1:  |                             |
| Case Name:                  |                           |   |                             |
|                             |                           |   | oom:                        |
| Court Date: (One date       | per sheet)                | _ AM/PM Date neede  | ed by:                      |
| Were these proceed          | lings open to the pub     | lic Yes *If not,  | then court order needed     |
| Please check one:  ** TRANS | (up to 3 weeks)           | Expedited Delivery, (up to 7 days)  \$4.75 per page ED UNTIL DEPOSI | (24 Hours)  \$5.50 per page |
| Name of Attorney Pr         | resent-Plaintiff/Petition | ner:  |                             |
| Name of Attorney P          | resent-Defendant/Resp     | oondent:  |                             |
| Add'l Info:                 |                           |   |                             |
|                             |                           | OFFICE USE**  |                             |
| REPORTER ASSIGNI            | ED:                       |   |                             |
|                             |                           |   |                             |
| DATE ORDER CONFIF           | RMED w/REQUESTING I       | PARTY:  |                             |
| NO-TAKE:                    | CANCELLED:                | _WAITING/DEPOSIT: _   | ESTIMATE:                   |
| REASSIGNED:                 | P/A DATE: DA              | TE COMPLETED:   | DATE REC'D:                 |
| DATE OPPOSING COL           | INSEL CALLED:             |   |                             |

\*\*Please e-mail/fax transcript request form to the above address/fax number.

Attention: \*\*Appeal orders must be requested in writing to both court reporters.