

# Cuyahoga County Juvenile Court Transcript/Audio Copy Request Form

**Instructions to person requesting Transcript/Audio Copy:**

1. Fill out entire form except "For Juvenile Court Clerk's Office Use Only" section. If the form is not filled out completely, it will not be processed and may be returned to you.
2. Return completed form to:

Clerk's Office – Attention Transcripts and Appeals  
9300 Quincy Avenue  
Cleveland OH 44106

<input type="checkbox"/> <b>Transcript</b>	<input type="checkbox"/> <b>Audio Copy</b>
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Instructions for Mizanin Reporting Services:  
Please prepare a transcript as requested:

Today's Date: _____	Jurist(s): _____
Name of Case: _____	Case Number(s): _____
List the date of <b>each</b> hearing for which a transcript or audio copy is requested: _____	
_____	
_____	
Name of Requesting party: _____	Phone: _____
Address of Requesting party: _____	
Requesting Party is: a.) <input type="checkbox"/> Attorney <input type="checkbox"/> Guardian ad Litem (for whom?) _____	
or b.) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Case Party involved (please identify) _____	
or c.) <input type="checkbox"/> Prosecutor <input type="checkbox"/> Other Agency (please identify) _____	
<b>Note: If payment for the Order granting the transcript is <u>not</u> the obligation of the Juvenile Court, the requesting party must accept financial responsibility for the completed transcripts. The requesting party should contact Mizanin Reporting Services at (216)241-0331 to receive an estimated cost and completion date. Pick up arrangements will also be determined at that time.</b>	
Please check ONE:	
_____ Notice of Appeal filed	_____ Objections filed
_____ Order granting access to Transcript/Audio Copy (You must provide a copy of the Order to the clerk.)	
_____ Order from another court (i.e. Court of Appeals) (You must provide a copy of the Order to the clerk.)	
If Indigent, (i.e. Affidavit completed and determination made), you must provide a copy of the Affidavit to the clerk.	
Signature of requesting party: _____	

<b>For Juvenile Court Clerk's Office Use Only</b>	<b>Clerk - Please verify the number of pages of the transcript(s)</b>
Appeal filed? <input type="checkbox"/> <input type="checkbox"/>	Hearing date: _____ # of Pages _____
Objections filed? <input type="checkbox"/> <input type="checkbox"/>	_____ # of Pages _____
Affidavit of Indigency received? <input type="checkbox"/> <input type="checkbox"/>	_____ # of Pages _____
Order granting transcript received? <input type="checkbox"/> <input type="checkbox"/>	_____ # of Pages _____

<b>Attention Mizanin:</b>	Date Request Form sent: _____ Initials of Clerk who forwarded request _____
	Date Transcripts due in Juvenile Court: _____
	Party responsible for payment: _____
	Date Transcripts returned to Clerk's Office: _____ Initials of Clerk _____