

**Fourteenth Judicial Circuit  
Court Reporting Services**

Bay County Courthouse  
300 East Fourth Street  
Panama City, Florida 32401  
Fax #(850) 747-5159

**REQUEST FOR TRANSCRIPT BY JAC OR CONFLICT ATTORNEY**

Please complete the following case-related information. Provide contact information as well. Upon review of the record, a representative from the Fourteenth Judicial Circuit's Court Reporting Services will contact you with an estimated time for producing the transcript.

Today's Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Style: (State v. Name; In the interest of: Name)

\_\_\_\_\_

Date/Time of Proceeding: \_\_\_\_\_ County: \_\_\_\_\_

Date Transcript Requested By: \_\_\_\_\_

Is the entire court proceeding required to be transcribed? Yes  No

If "No", please specify as close as possible, what part of the proceeding needs to be transcribed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Requesting Transcript: \_\_\_\_\_

Transcript Requested By:

Attorney Name /Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**APPROVAL:** Signature from the Regional Director of the Office of Criminal and Civil Conflict Counsel or presiding Judge is required before submitting request.

Name of Regional Director or Presiding Judge \_\_\_\_\_

Signature

Regional Director or Presiding Judge's Approval: \_\_\_\_\_

Signature