	City/County
Located at	Case No
Plaintiff/Petitioner	S. Defendant/Respondent
	EST FOR TRANSCRIPT
(APPL) Γο the Clerk:	(TRSC)
	☐ Trial Decision Dated
Outcome of Motion Hearing Dated	
Appellant is the in	
☐ District Court cost of \$10 enclosed. (Not applicable	
☐ Advance Circuit Court filing fee and surcharge enc	**
☐ Domestic Violence Case \$0	☐ Application for Expungement of Police Records \$115
	☐ Other \$165 (Checks made payable to Circuit Court)
•	CC-DC-089 - Request for Waiver of Prepaid Costs /
	attorney or other eligible legal services corporation, and
☐ My claim amount exceeds \$5,000 and I am enclosing	ng a deposit of \$75 for the required transcript
\$75 is required when the transcript is requested. You will be all costs, including the cost of the transcript, have been paid	
Date	Signature of Appellant/Attorney/Attorney Code
Fax	Printed Name
E-mail	Address
	City, State, Zip
	7.1
OEDTIEIO A TI	Telephone Number
	E OF SERVICE llowing party or parties by \square mailing first class mail, posta
prepaid hand delivery, on	
Date	
Name	Address
	City, State, Zip
Nome	Address
Name	
	City, State, Zip