

TRANSCRIPT ORDER FORM

DEFENDANT'S NAME _____ DATE OF TRANSCRIPT ORDER _____

Information/Ticket # _____ DATE OF COURT PROCEEDING(S) _____

NAME OF ORDERING PARTY (Please Print) _____

ADDRESS _____



MUST COMPLETE

TELEPHONE _____ EMAIL _____

Note: Transcript payments for an appeal application must be received in this office in accordance with Ontario Regulations 722/94 and 723/94.

Appeal - Original + 2 Copies (Required)

Personal/Other _____

Fees for Court Transcripts O.Reg 145/22 - <https://www.ontario.ca/laws/regulation/r22145>

Choose option <input checked="" type="checkbox"/>	TYPE	PRODUCTION	ELECTRONIC FORMAT	SERVICE FEES
	ORIGINAL	As per production guidelines (w/in 30 days)	all or part/certified/original	\$6.30 per page OR \$25.00 whichever is greater
		Expedite (w/in 5 business days)		\$8.80 per page OR \$25.00 whichever is greater
		Daily (w/in 24 hours)		\$11.75 per page OR \$25.00 whichever is greater
	COPY	Same day request		No Charge
		Subsequent request		\$25.00
Choose option <input checked="" type="checkbox"/>			PAPER FORMAT	
	ORIGINAL	As per production guidelines (w/in 30 days)	all or part/certified/original	\$7.10 per page OR \$25.00 whichever is greater
		Expedite (w/in 5 business days)		\$9.60 per page OR \$25.00 whichever is greater
		Daily (w/in 24 hours)		\$12.55 per page OR \$25.00 whichever is greater
	COPY	Same day request		No Charge
		Subsequent request		\$0.80 per page OR \$25.00 whichever is greater

____ In the event I wish to cancel this order, I will do so by written communication to the court office, and undertake to pay the fee for work completed.

****\$50 Deposit or 50% of Estimated Service (Required)**

Payment for Transcript Request:

Cheque/Money Order
 Payable to "Municipality of Chatham-Kent"

Visa Visa/Debit MasterCard

Card Number _____

Card Expiry Date: Month |__|__| Year |__|__|

Cardholder Signature _____