

CHIPPEWA COUNTY CLERK OF COURTS
DIGITAL AUDIO RECORDING TRANSCRIPT REQUEST FORM
Please complete the following information

Date of Proceedings
Case Number
Case Name

Contact Information:

Requestor's Name		Today's Date	
Address	City	State	Zip
E-mail address (optional)		Phone number	

I would like a copy of the digital audio recording

- Payment enclosed (\$10).
- Online payment (\$10) made.
www.govpaynow.com/gps/user/plc/1116 OR scan the QR code to make a payment.
- PD 8.02(1)(b) State Public Defender payment (\$5). enclosed paid online



Signature of Requestor: _____

This form MUST be completed entirely for the clerk to process your request timely. The information requested above can be found in the case file.

DIGITAL AUDIO RECORDING REQUEST INFORMATION

This form is used to request a digital audio recording of a court matter held with a court commissioner. All requests for a digital audio recording are made directly with the Clerk of Courts by the requestor. Transcript requests for hearings held with a Judge should be requested through a court reporter, not the Clerk of Courts.

Court proceedings captured by a digital audio recording system are converted to an MP3 format and saved to a USB flash drive for purchase. MP3 formatted recordings can be played by any computer capable of playing MP3 format.

THIS SECTION FOR INTERNAL USE ONLY

Start time:

End time:

Other: