

REQUEST FOR TRANSCRIPTION OF AUDIOTAPE

Attorney's Name:		Date of Request:	Due Date:
Case Name:		Case Number:	
Witness Name:		County Attorney:	
Length of Interview: Mins: Sides:		Type of Audiotape: <input type="checkbox"/> Witness Interview Tape <input type="checkbox"/> Preliminary Hearing Tape	
<input type="checkbox"/> Non-English Translation Required. Language:			
Purpose of Transcription:		<input type="checkbox"/> Trial Preparation Firm Trial Date: <input type="checkbox"/> Motion – Specify type of motion & why transcription is needed: <input type="checkbox"/> Other – Please specify:	
Have you listened to the tape in its entirety? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
Have you confirmed that the tape is understandable and appropriate for transcription? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
<i>ARE THERE ANY UNCOMMON NAMES OR SPELLINGS?</i> <input type="checkbox"/> Yes (please note below) <input type="checkbox"/> No			
Please specify the starting and stopping points of the portions you need transcribed:		Start:	Stop:
If submitting a number of tapes, please specify the priority of this transcription request in relation to other tapes:			
Supervisor's Approval/Signature:			

** Approval will not be given if the attorney has not listened to the tape prior to submitting this request for transcription*

RETURN TO:

DATE:

Lead Secretary Phone No.	Back up Secretary Phone No.	Group

Date Received by Lead:	Transcription Assigned to:	Date Assigned:	Due Date:	Date Completed:	# of Pages

Note: Allow two weeks for in-house transcriptions.
Allow two months for OCI translations and transcriptions involving more than two tapes.