



# Application to Prepare Audio Generated Court Transcripts

SFN 54390 (06/05)

Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

You are requesting authorization to prepare transcripts from:

Audio Recording

Digital Recording

If your application includes digital recordings, do you have a copy of CF Player software:

Yes

No

What is your per page rate for transcript preparation?

\_\_\_\_\_

References:

1. Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Court Administrative Use:**

Comments:

\_\_\_\_\_

Type of Transcript:

Analog

Digital

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

