## STATE OF NORTH CAROLINA NORTH CAROLINA ADMINISTRATIVE OFFICE OF THE COURTS OFFICE OF THE ASSISTANT DIRECTOR

## COURT REPORTER STATEMENT FOR TRANSCRIPTS

INSTRUCTIONS: Forward origin Services Divis					e of Delivery to the copy for your rec		rative Offi	ce of the C	Courts, Ai	tn: Fiscal	
File No. County				Case Title							
	TRANSC				PREPARED						
NOTE: For information on current	t state rates, cont	act Jer				anager@r	nccourts.o	rg.			
Party Requesting Transcript								Other Party(ies) Receiving Transcript			
		Appellate Defender/Assigned Appellate Counsel									
		Appointed Trial Counsel									
		Public Defender									
		Capital Defender									
		District Attorney/Attorney General									
		Guardian ad Litem (GAL)									
		Superior Court									
		District Court									
		Innocence Inquiry Commission									
		Other									
TRANSCRIPT TOTAL		Pages			Expedited		Rea	altime		Amount	
						_					
I hereby certify that I have prepared and delivered the above transcripts meet the minimum specification established by the Advised Name Of Court Reporter (type or print) Address				scripts to the appropriate parties pursuant to the court order, and the ministrative Office of the Courts.         Taxpayer ID No. (last four digits)         Date							
<b>NOTE:</b> A copy of the order must be attached to receive payment.				Signature Of Court Reporter							
Date				App	proved By The Court	Reporting	Coordinato	r (Expedited	l/Realtime	Transcripts Only)	
FOR USE BY AOC FISCAL SERVICES DIVISION											
COMPANY			COUNT		CENTER			AMOUNT			
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