

Date: _____
Request for Transcript of Electronic Recording (Submit to County's Transcript Unit)
By Attorney for the Child (AFC)
_____ County Family Court

Requested By: Name _____
Address _____
Telephone _____
Email _____
Reason transcription is requested: _____

Case Information: Case Name _____
File No. _____
Docket No. _____
Jurist's Name _____ Court Part _____
Date(s) of Hearing(s) _____

PRIOR APPROVAL BY THE SUPERVISING JUDGE IS REQUIRED FOR RUSH REQUESTS

ANP : Email Invoice along with backup to: Maria D'Amico, NYC Family Court
madamico@nycourt.gov
(646) 386-5180 Main Office
(646) 386-5185 Voicemail

NYS Contract PS69603 - Court will upload request/recording in Sharepoint to: ANP Reporting **
135 W Morehead St, Unit 11
Charlotte, NC 28202
Phone #845-893-2859
larry.perrone@gmail.com

Court Use Only

FTR Counter Readings: _____
Date Received by Transcription department: _____
Date uploaded to Transcription service: _____

***** All Requests Must be accompanied by a Signed Court Order *****

**Note to Transcription Svc: Upon completion, send transcript(s) to Requestor.
Court's Required Transcript Copy(ies) MUST also be uploaded to Sharepoint