Order for Court Transcript of an Ontario Court Proceeding

Ordering Parties: Please	complete section	ns 1 through 5	5. Section 6 is for c	ompletion	by the A	CT.	
1. Case Information	n						
Name of Case Click he	ere to enter text.		Order	Date (mm/dd,	/уууу)		
Presiding Official Click her	< here to enter text. Court File, Info or Indictment #			Click h	ere to enter text.		
Court Location Click her	re to enter text.		C Courtroom # e	lick here to nter text.			
Date(s) of Click her Proceeding (mm/dd/yyyy)							
Additional Click her Details	re to enter text.						
Proceedings from Ont	ario Court of Justi	ce 🗌 Su	perior Court of Justi	се			
2. Type of Proceedi	ng <i>(Select a typ</i>	e of proceedir	ng and choose from	that item's	s drop-d	own menu.)	
Is the transcript for purpo	oses of appeal?		nter the Type of Proce				
Criminal Choose an item			Choose an item] Civil C	Civil Choose an item	
☐ Family Choose an item		Small Claim	s Choose an item			Justice of the Peace Intake	
POA Choose an item	Heard In: Click here to enter text.			k here to enter text.			
Additional Details Click here t	to enter text.						
(as required) Appeal To: Court of App	eal for Ontario	Divisional Court	Superior Court	🗌 Ontario (Court	Appeal #	
Choose an iter		loose an item	Choose an item	Choose an	item	Click here to enter text.	
3. Content to be Tra	nscribed (Sele	ect Complete Pl	roceeding OR approp	oriate numb	er of othe	er items for portions.)	
Complete Proceeding (Do not select if a portion of a proceeding is required.)	Note: Most pre-tri some rules Refer to the If required,	al motions and s require that pre- e Court Transcrip check the box b	ubmissions are not tran trial motions and/or su ot Standards and Proce elow.	scribed unles bmissions be edures manua	ss specific included al for rules	ally requested. However, for appeal transcripts. s on inclusions/exclusions.	
			I submissions (If for ap				
 Excerpt of Proceeding Note: When describing content to be transcribed, be precise and provide a definitive frame of reference including timeframe if applicable (timeframe example: "Commencement of court to morning recess"). Details Click here to enter text. 							
□ Evidence of Witness(es)	Name of Witness	Click here to er	nter text.		Evidence	Portion of Evidence	
(Ensure each line used			nter text.			Portion of Evidence	
contains complete data i.e. Name and			nter text.			Portion of Evidence	
either All Evidence of Portion of Evidence)			nter text.				
			nter text.			Portion of Evidence	
			nter text.			Portion of Evidence	
Additional Click here to en Details							
☐ Reasons for Judgment							
□ Reasons for Sentence							
Ruling(s) Details Cli	ick here to enter tex	t.					

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4. Order Details

NOTES:

- If a transcript will be referenced in court, it is the responsibility of the ordering party who is referencing the transcript to provide a
 certified copy of the transcript to the presiding judicial official at no cost to the court.
- Transcripts are paid at the regulated fee as set out in O. Reg. 94/14 of the Administration of Justice Act.
- The # of Certified Copies and Electronic Copy section below have been prefilled for administrative purposes only.

INSTRUCTIONS:

- To complete the transcript order, answer the following questions where required in the *Additional Copy/Service Details* section.
 - 1. What format is the certified transcript required in (certified electronic or certified printed)?
 - If a certified printed transcript is required, how many copies?
 - Do you require the same transcript in electronic format (at no extra cost)?

2.	Anv	additional	instructions	to	the	ACT
4 .	/ \li i y	additional	1130 000013	ιU	uic	/ 10/1

# of Certified Copies 1	Electronic Copy 🖂	Enhanced Service:	1	
Date Transcript Require	d / /	Daily	(First Certified Copy Required within 24	łhrs) □
	(mm /dd /yyyy)	Expedite (First Certified	I Copy Required within Five Business D	ays) 🗌
Additional Copy/Service De	etails:			
5. Ordering Party Ir	formation (Select	the box that best describes	your interest in the case being trans	scribed)
□ Legal Counsel □ Party	to the Proceeding \Box N	lember of the public \Box	Media Other Click here to en	nter text.
Federa	al Crown Attorney 🛛 🗆 P	rovincial Crown Attorney	CLD Other Click here to en	nter text.
Correctional Service Canada	□ Federal Incarcera	ation	Offender	
	Long-Term Offen	der 🛛 🗌 Parole Eligil	bility	
Ordering Party Detai	ls			
Name Click here to enter t		Organization/Firm	Click here to enter text.	
(Last Name, First Na	ne)		(If applicable)	
Address Click here to enter t	ext.	City Click here	Clic re to enter text. Postal Code: enter	ck here to er text.
Province Click here to enter t	ext. Country Click h	ere to enter text. Email	Click here to enter text.	
Phone Numbers Click here to enter t	ext.	Fax	Click here to enter text.	
(Include all cont	act numbers)			

6. For Authorized Court Transcriptionist (ACT) Use Only

Please Note that this Transcript Order cannot be processed without the Transcriptionist's Name and ACT ID.

Name of Transcriptionist Click here to enter text.

ACT ID Click here to enter text.

Authorized Court Transcriptionist Undertaking:

□ I certify that I have signed an undertaking to the court for authorized access to digital court recordings and that the undertaking remains valid. I acknowledge and understand that the undertaking therefore applies to this request.

Date Section 6 Completed / / / (mm /dd /yyyy)

For all Transcript Orders the following information is mandatory:					
Section 1	Name of Case; Court Location; Date(s) of Proceeding; Presiding Official and/or Courtroom #; one selection from Proceedings From.	Section 4	The Date Transcript Required and the Additional Copy/Service Details section.		
Section 2	Identify if the transcript is for appeal OR not for appeal purposes. Select only one not for appeal OR one for appeal item AND its associated drop down item or text box.	Section 5	At least one Ordering Party Type, the Ordering Party Name and the Ordering Party Contact Details		
Section 3	Complete Proceeding OR at least one of the remaining items with complete details for item(s) selected.	Section 6	Transcriptionist Name and ACT ID		

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