

**UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT DESIGNATION AND ORDERING FORM**

Please read instructions.

| | | | | | |
|-------------------------------------|--|-----------------|----------------------------------|---------------|---------|
| 1. NAME | | 2. PHONE NUMBER | | 3. DATE | |
| 4. MAILING ADDRESS | | | 5. E-MAIL ADDRESS | | 6. CITY |
| 7. STATE | | | | | |
| 8. ZIP CODE | | 9. JUDGE | | 10. CASE NAME | |
| 11. U.S. DISTRICT COURT CASE NUMBER | | | 12. COURT OF APPEALS CASE NUMBER | | |

| | | | |
|---------------|----------|----------------------|-----------------|
| 13. ORDER FOR | | | |
| APPEAL | CRIMINAL | CRIMINAL JUSTICE ACT | BANKRUPTCY |
| NON-APPEAL | CIVIL | IN FORMA PAUPERIS | OTHER - Specify |

14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.

| PORTIONS | DATE(S) | REPORTER | PORTIONS | DATE(S) | REPORTER |
|-------------------------------|---------|----------|------------------------------|---------|----------|
| Change of Plea | | | Closing Argument - Plaintiff | | |
| Pre-trial Proceeding | | | Closing Argument - Defendant | | |
| Voir Dire | | | Settlement Instructions | | |
| Opening Statement - Plaintiff | | | Jury Instructions | | |
| Opening Statement - Defendant | | | Sentencing | | |
| Testimony - Specify Witness | | | Other - Specify | | |

| 15. ORDER | | | | | |
|----------------------|--|-----------------------------|---------------------------------------|--|---|
| CATEGORY | ORIGINAL Includes certified copy to clerk for records of the Court | FIRST COPY to each party | ADDITIONAL COPIES to same party | FORMAT REQUESTED Each format is billed as a separate transcript copy. | |
| | | | | Paper | Electronic Specify File Format |
| 30-Day (Ordinary) | \$3.65/page | \$.90/ page | \$.60 page | Full Size | A-Z word index ASCII PDF A-Z word index |
| 14-Day | \$4.25/page | \$.90/page | \$.60/page | Full Size | A-Z word index ASCII PDF A-Z word index |
| 7- Day | \$4.85/ page | \$.90/ page | \$.60/page | Full Size | A-Z word index ASCII PDF A-Z word index |
| 3- Day | \$5.45/ page | \$1.05/ page | \$.75/page | Full Size | A-Z word index ASCII PDF A-Z word index |
| DAILY | \$6.05/page | \$1.20/ page | \$.90/page | Full Size | A-Z word index ASCII PDF A-Z word index |
| HOURLY | \$7.25/page | \$1.20/ page | \$.90/page | Full Size | A-Z word index ASCII PDF A-Z word index |

16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT
E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.
 If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing.
 Financial arrangements must be made with the court reporter before transcript is prepared.

I certify that this form has been served on the court reporter this date: _____ Attorney signature: _____