

**STATE PUBLIC DEFENDER**  
**REQUEST FOR TRANSCRIPTION OF RECORDINGS**

|                       |                                |                                |                                 |
|-----------------------|--------------------------------|--------------------------------|---------------------------------|
| Transcription Needed: | <input type="checkbox"/> Audio | <input type="checkbox"/> Video | <input type="checkbox"/> Other: |
| Date Needed:          |                                |                                |                                 |

Case Caption:

**Court Reporter:**

Name: \_\_\_\_\_ Court Case #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ SPD Case #: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Send transcripts to:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

|  |  |
|--|--|
| <b>Negotiated Rates:</b> \$ _____ per page \$ _____ per hour \$ _____ mailing/delivery | Attorney Type <input type="checkbox"/> SPD Staff<br><input type="checkbox"/> Private Bar |
| Notes: _____   |  |

**I request that you prepare and transmit transcription of the following recording. In addition to access to the electronic transcript, please provide a single paper copy of the transcript. See Wis. Stat. § 801.18(15)(b); see also SCR 71.04(8).**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Transcription invoices must be submitted as follows:**

Requests for transcriptions of Recordings: Court reporters/transcribers must send or hand-deliver the invoices for both staff and private bar attorneys to the local SPD office that appointed the attorney who ordered the transcription. Do not give the invoice to the individual attorneys.

You must attach a receipt to the transcription invoice for any mailing or delivery fee over \$5.00.

**Addresses for all SPD offices are available under "SPD Telephone Directory" at [www.wisspd.org](http://www.wisspd.org)**

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I certify that the attached invoice requests payment for the transcription requested at the agreed upon rates and no others.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Court Reporter or other transcriber*

**The original request form must accompany your invoice.**

For SPD use only

OK to Pay: Sign: \_\_\_\_\_ Date: \_\_\_\_\_