

**STATE PUBLIC DEFENDER**  
**REQUEST FOR DEPOSITION AND TRANSCRIPT**

Deposition Date:	Time:	Location:
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Case Caption:

**Court Reporter:**

Name:

Street Address:

City, State, Zip:

Phone:

Court Case #:

SPD Case # :

SPD Appointing Office:

**Send transcripts to:**

Name:

Street Address:

City, State, Zip:

Phone:

**Shared Cost with Opposing Counsel:**

Yes     No (If yes, complete info below):

Opposing Counsel Name:

Street Address:

City, State, Zip:

Phone:

<p><b>Negotiated Rates:</b>    \$            per page    \$            per hour                                   \$            sitting fee    \$            mailing or delivery</p> <p>Notes:</p>	<p>Attorney Type: <input type="checkbox"/> SPD Staff <input type="checkbox"/> Private Bar</p>
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**I request that you transcribe then prepare and transmit transcript of the deposition(s). 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:** \_\_\_\_\_

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

Requests for transcripts for Depositions: Court reporters must send or hand-deliver invoices for both staff and private bar attorneys to the local SPD office that appointed the attorney who ordered the transcript. Do not give the invoice to the individual attorney.

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.wispd.org](http://www.wispd.org)**

I hereby certify that the attached invoice requests payment for the transcription services ordered at the agreed upon rate and no others.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Court Reporter*

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