

Please return via email to: [kshortridge@brgov.com](mailto:kshortridge@brgov.com)  
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**NINETEENTH JUDICIAL DISTRICT COURT  
EAST BATON ROUGE PARISH**

300 NORTH BOULEVARD  
BATON ROUGE, LOUISIANA 70801  
TELEPHONE (225) 389-4700  
FAX (225) 389-4774

**REQUEST FOR TRANSCRIPT**

I hereby request that the court reporter furnish a transcript of \_\_\_\_\_ held in suit  
number \_\_\_\_\_, entitled \_\_\_\_\_,  
held on \_\_\_\_\_ in Division \_\_\_\_\_.

**SIGNATURE OR REQUESTOR BELOW SIGNIFIES THAT THE REQUESTOR IS OBLIGATED TO PAY FOR  
TRANSCRIPTION SERVICES BEFORE RELEASE OF TRANSCRIPT. FAILURE TO PAY FOR SERVICES  
REQUESTED WILL RESULT IN THE COURT'S INABILITY TO PRODUCE ANY FURTHER TRANSCRIPTS FOR THAT  
REQUESTOR/LAW FIRM. IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE IF THIS IS A TIME-SENSITIVE  
REQUEST.**

I understand that the cost of such transcript will be \$6.50 per page for a special request, \$2.00 per page for a  
copy of a special request, \$4.00 per page for an original appeal and \$1.50 per page for a copy of an appeal. I  
further understand that should I decide I do not need said transcript, I will notify the Judicial Administrator's  
office immediately by phone and follow up with a letter in writing, either by email or by fax, (address and fax  
number listed above) and I will be responsible for payment of all work completed up to the date of notification in  
writing at the rates set forth above. It is my further understanding that this request has no priority over regular  
appeal transcripts.

Baton Rouge, Louisiana, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
SIGNATURE OF PERSON REQUESTING TRANSCRIPT

\_\_\_\_\_  
Please provide email address

**PLEASE MAKE ALL CHECKS PAYABLE TO THE JUDICIAL EXPENSE FUND**

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\_\_\_\_ Copy of Appeal (\$1.50 per page)

\_\_\_\_ Special Request (\$6.50 per page)

\_\_\_\_ Copy of Special Request (\$2.00 per page)

Court Reporter Signature: \_\_\_\_\_ Date: \_\_\_\_\_