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| **Ordering Parties: Please complete sections 1 through 5. Section 6 is for completion by the ACT.** |
|  | **Case Information** |
| **Name of Case** | Click here to enter text. |  |  **Order Date** *(mm/dd/yyyy)* |   /  /     |  |
| **Presiding Official** | Click here to enter text. |  | **Court File, Info or****Indictment #** |  |  |
| Click here to enter text. |
| **Court Location** | Click here to enter text. | **Courtroom #** | Click here to enter text. |  |
| **Date(s) of Proceeding***(mm/dd/yyyy)* | Click here to enter text. |  |
|  |  |  |  |
| **Additional Details** | Click here to enter text. |
| **Proceedings from** | [ ]  Ontario Court of Justice  | [ ]  Superior Court of Justice |

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| **2.** | **Type of Proceeding *(Select a type of proceeding and choose from that item’s drop-down menu.)*** |
| **Is the transcript for purposes of appeal?**  |  |  |
| [ ]  Yes (*Proceed to* ***Appeal*** *section**below*) | [ ]  No (*Enter the* ***Type of Proceeding*** *information**below*) |
| [ ]  Criminal | **Choose an item** | [ ]  *YCJA* | **Choose an item** | [ ]  Civil | **Choose an item** |
| [ ] Family | **Choose an item** | [ ]  Small Claims | **Choose an item** | [ ] Justice of the Peace Intake |
| [ ]  *POA* | **Choose an item** | [ ] From an Appeal Court | Heard In: | [ ]  Other *Please specify*  | Click here to enter text. |
| **Choose an item** |
| Additional Details*(as required)* | Click here to enter text. |
| **Appeal To:** | [ ]  Court of Appeal for Ontario**Choose an item** | [ ]  Divisional Court**Choose an item** | [ ]  Superior Court**Choose an item** | [ ]  Ontario Court**Choose an item** | Appeal #Click here to enter text. |

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| **3.** | **Content to be Transcribed *(Select Complete Proceeding OR appropriate number of other items for portions.)*** |
| [ ]  **Complete Proceeding*****(Do not select if a portion of a proceeding is required.)*** | **Note:** Most pre-trial motions and submissions of counsel are not transcribed unless specifically requested. For appeal purposes, an order of appellate court or written approval of all other parties is required to include these portions of the proceedings. |
| [ ]  Include pre-trial motions and submissions of counsel ***(If for appeal purposes attach order/consent)*** |
| [ ]  **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 enter text. | [ ]  All Evidence | [ ]  Portion of Evidence |
| ***(Ensure each line used contains complete data i.e. Name and either All Evidence of Portion of Evidence)*** | Name of Witness | Click here to enter text. | [ ]  All Evidence | [ ]  Portion of Evidence |
| Name of Witness | Click here to enter text. | [ ]  All Evidence | [ ]  Portion of Evidence |
| Name of Witness | Click here to enter text. | [ ]  All Evidence | [ ]  Portion of Evidence |
| Name of Witness | Click here to enter text. | [ ]  All Evidence | [ ]  Portion of Evidence |
|  | Name of Witness | Click here to enter text. | [ ]  All Evidence | [ ]  Portion of Evidence |
| Additional Details | Click here to enter text. |
| [ ]  **Reasons for Judgment**  |
| [ ]  **Reasons for Sentence** |
| [ ]  **Ruling(s)** | Details  | Click here to enter text. |

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| **4.** | **Order Details** |
| **Note:** *If this order requires the production of a first certified copy of a transcript the first certified copy fee will apply.**If an electronic copy is ordered at the time of a certified copy of a transcript, there is no charge for the electronic copy. The Electronic Copy tick box can be deselected if an Electronic Copy is not required.**If an electronic copy is ordered at any other time there is a fee.**If an enhanced service is selected, the relevant fee will apply.*  |
| **# of Certified Copies** |       | **Electronic Copy** |[x]  **Enhanced Service:** |
| **Date Transcript Required** |   /  /     |  | **Daily** (First Certified Copy Required within 24hrs) |[ ]
|  | *(mm /dd /yyyy)* |  | **Expedite** (First Certified Copy Required within Five Business Days) |[ ]
| **Additional Copy/Service Details:** |
| Click here to enter text. |

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| **5.** | **Ordering Party Information *(Select the box that best describes your interest in the case being transcribed)*** |
| [ ]  Legal Counsel | [ ]  Party to the Proceeding | [ ]  Member of the public | [ ]  Media | [ ]  Other | Click here to enter text. |
|  | [ ]  Federal Crown Attorney | [ ]  Provincial Crown Attorney | [ ]  CLD Other  | Click here to enter text. |
| **Correctional Service Canada** | [ ]  Federal Incarceration | [ ]  Dangerous Offender |
|  | [ ]  Long-Term Offender | [ ]  Parole Eligibility |
| **Ordering Party Details** |  |  |
| **Name** | Click here to enter text. | **Organization/Firm** | Click here to enter text. |  |
|  | *(Last Name, First Name)* |  | *(If applicable)* |  |
| **Address** | Click here to enter text. | **City** | Click here to enter text. | **Postal Code:** | Click here to enter text. |  |
| **Province** | Click here to enter text. | **Country** | Click here to enter text. | **Email** | Click here to enter text. |  |
| **Phone Numbers** | Click here to enter text. |  | **Fax** | Click here to enter text. |  |
|  | *(Include all contact numbers)* |  |  |

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| **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**  | TRACEY BEATTY | **ACT ID**  | 7742785329 |  |
|  |  |  |  |
| **Authorized Court Transcriptionist Undertaking:**  |
| [ ]  I acknowledge and understand that I have signed an undertaking to the court for authorized access to digital court recordings and that it applies to this request. |
| **Date Section 6 Completed**  |   /  /     |  |
| *(mm /dd /yyyy)* |

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| **For all Transcript Orders the following information is mandatory:** |
| **Section 1** | Name of Case; **Date(s) of Proceeding; Presiding Official** and/or **Courtroom #;** one selection from **Proceedings From**. |  | **Section 4** | At least one of **# of Certified Copies** or **Electronic Copy** |
| **Section 2** | Identify if the transcript is **for appeal** OR **not for appeal** purposes**.** Select only one **not for appeal** ORone **for appeal** itemAND 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 |