

STATE PUBLIC DEFENDER
REQUEST FOR DEPOSITION AND TRANSCRIPT

Deposition Date: _____ Time: _____ Location: _____

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>Negotiated Rates: \$ _____ 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).

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 "Agency Directory" at www.wisspd.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.