

PAHRUMP JUSTICE COURT
TRANSCRIPT REQUEST ORDER

Case No.: _____ Defendant's Name: _____

Co-Defendant Name: _____ Co-Defendant Name: _____

Requesting Person's Name: _____

Contact Number: _____

Need no later than _____
(date)

Court Reporters: Please prepare one original for the court and two copies for distribution by the clerk to the parties involved for the requested hearing. Any additional copies can be made at the cost of \$1.00 per page. How many additional copies needed: _____

Please provide as much information as possible about the hearing:

Judge's Name: _____ Dept A Dept B Other: _____

District Attorney's AG's Full Name: _____

Public Defender's Conflict Counsel's Attorney's Full Name: _____

Civil Case: _____ vs. _____

Date(s) of Proceeding(s): _____

Type of Proceedings: Preliminary Hearing Other: _____

.....
OFFICE SECTION:

\$200 Deposit received: cash credit card check _____ by _____
(date) (clerk)

Payment for the balance (if any) must be paid in full before the release of the transcript.

Please transcribe and submit to the Pahrump Justice Court located at 1520 E. Basin Avenue, Suite 104, Pahrump, Nevada 89060. If you are unable to prepare, please notify the Court Administrator at the number below. Compensation is paid pursuant to NRS 3.370.

Thank you,

Alisa Shoults
Justice Court Administrator
(775) 751-7053