## CHEROKEE COUNTY - BLUE RIDGE JUDICIAL CIRCUIT TRANSCRIPT REQUEST FORM

<u>Please note:</u> All requests for transcripts must be submitted through the Court Admin Office at: <u>CourtAdmin@brjc.net</u> or 90 North Street Ste. 250, Canton, GA 30114.

	(type of cas	se)	
CRIMIN	MAL C	IVIL	
SUPERIOR STATE	(class of co	urt) JUVENILE	MAGISTRATE
Name of Case:			
Case # Date of Pro	ceeding:	Т	ype:(trial / motion / plea etc.)
Judge:	Cou	urt Reporter	(if known)
Requested by:			
If this request is made by the attorname of Atty			or RETAINED
**Email Address:			
Why do you need this transcript?			
Do you need the entire transcript? If only partial transcript is requested, by DA, testimony of one party, senter	which part is ne	eeded? (ie: recitation	on of facts presented
(Signature of Requestor)		Date	
***COURT ADMINISTRATOR'S OFFICE USE ONLY***			
Request Received via	on ered, etc.) (d	<u>.</u> date)	Initials:
Court Reporter:(Verified Name	of Court Reporter)		
Forwarded to reporter by email on			