

PHILADELPHIA FAMILY COURT - DOMESTIC RELATIONS DIVISION  
CUSTODY MASTERS' UNIT – 1501 ARCH STREET – 13<sup>TH</sup> FLOOR  
PHILADELPHIA, PENNSYLVANIA 19102  
(215) 686-9208

\_\_\_\_\_  
PLAINTIFF : PACSES CASE # \_\_\_\_\_  
VS. :  
: DOCKET # \_\_\_\_\_  
\_\_\_\_\_  
DEFENDANT : DATE NOTES OF  
: TESTIMONY ORDERED \_\_\_\_\_

**REQUEST FOR NOTES OF TESTIMONY AND AGREEMENT FOR PAYMENT**

I hereby request that the Masters' Unit of the Domestic Relations Division process my request for transcription of the Notes of Testimony for the following Master's Hearing in this case:

Date of hearing: \_\_\_\_\_ Presiding Master: \_\_\_\_\_ I am requesting:  regular processing (up to 21 days) at \$1.60 per page  expedited processing (up to 14 days) at \$1.75 per page  daily processing (up to 7 days) at \$2.25 per page  plus \_\_\_\_\_ additional copies at \$.25 per page.

I am submitting a \$50.00  money order  cashier's check  attorney's check (NO PERSONAL CHECKS WILL BE ACCEPTED) made payable to "Office of Judicial Records," and to be credited as follows: \$25.00 as payment of the Court's NON-REFUNDABLE processing fee, and \$25.00 as deposit toward the court's cost in obtaining the requested Notes of Testimony. I understand that payments must be made by mail or in person at the Clerk of Family Court, 1501 Arch St., 11<sup>th</sup> Floor Philadelphia, Pa. 19102.

I agree to pay the full cost of the transcription based on the type of processing I have indicated above, less the \$25.00 deposit, immediately upon notification that the Notes of Testimony are ready for pickup. I agree to pay the full transcription cost even if I determine that I do not need the Notes of Testimony after the court has processed my request for same. **I am aware that my failure to pay the full balance due may result in the Court's refusal to permit me to order any further Notes of Testimony for this or any other case until the full balance is paid.**

Person requesting transcription of Notes of Testimony is:

Plaintiff  Attorney for the Plaintiff - Attorney ID # \_\_\_\_\_

Defendant  Attorney for the Defendant - Attorney ID # \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone No.(including area code)

\_\_\_\_\_  
Fax No. (including area code)

**\*\*PLEASE NOTE THAT REQUEST FOR NOTES OF TESTIMONY ARE SENT OUT TO INDEPENDENT TRANSCRIBERS WHO ARE NOT LOCATED ON COURT PREMISES. PROCESSING DOES NOT START UNTIL ORDERS ARE RECEIVED BY THE TRANSCRIBER**