**Transcript Order Form of an Ontario Court Proceeding**

**Sections 1 to 5 to be completed by ordering party. Section 6 to be completed by the ACT.**

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| **For Internal Use Only:** | [x] External Transcript Order Form |

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| 1. **Case Information**

***Instructions:*** *Complete Name of Case, Order Date, Presiding Official and/or Courtroom #, Court Location, Date(s) of Proceeding, and one selection from* ***Proceedings From****. Complete other fields as required.* |
| **Name of Case:** | Click here to enter text |  |  **Order Date:** | Click to pick a date |  |
| **Presiding Official:** | Click here to enter text |  |  |
| **Court Location:** | Click here to enter text |  | **Courtroom #**  | Click here to enter text |  | **Court File, Info or Indictment #:** | Click here to enter text |  |
| **Date(s) of Proceeding**: | Click here to enter text | **Proceedings from:** | [ ]  Ontario Court of Justice | [ ]  Superior Court of Justice |
|  | *(mm/dd/yyyy)* |  |  |  |
| **Additional Details:** | Click here to enter text |  |
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| 1. **Type of Proceeding*****Instructions:*** *Select if the transcript is* ***for appeal*** *or* ***not for appeal*** *purposes. Then complete one input from the* ***Proceedings Details*** *or* ***Appeal To*** *section, along with the associated drop-down item/text box.*
 |
| **Is the transcript for purposes of appeal?**  | [ ]  Yes (*Skip to* ***“Appeal To”*** *section below*) | [ ]  No (*Complete “****Proceeding Details”*** *section below*) |
| **Proceeding Detail:** | [ ]  Civil:  | Choose an item |  | [ ]  Criminal:  | Choose an item |  |
| [ ]  Family:  | Choose an item |  | [ ]  From an Appeal Court:  | Choose an item |  |
| [ ]  Justice of the Peace Intake | [ ]  POA: | Choose an item |  |
| [ ]  Small Claims:  | Choose an item |  | [ ]  YCJA:  | Choose an item |  |
| [ ]  Other (*Please specify*): | Click here to enter text |  |
| **Additional Details:** | Click here to enter text |  |
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| **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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| 1. **Content to be Transcribed*****Instructions:*** *Select* ***Entire Proceeding*** *or the appropriate selection(s) for portions of proceedings.*
 |
| [ ]  **Entire Proceeding***(Do not select if a portion of a proceeding is required.)* | ***Note:*** *Most pre-trial motions and submissions are not transcribed unless specifically requested. However, some rules require that pre-trial motions and/or submissions be included for appeal transcripts. Refer to the Court Transcript Standards and Procedures manual for rules on inclusions/exclusions. If required, check the box below.* |
| [ ]  Include pre-trial motions and submissions *(If for appeal, attach order/consent if required)* |
| [ ]  **Portion 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 |  |
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| [ ]  **Evidence of Witness(es)***(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 |  |
|  |  |  |
| [ ]  **Ruling(s)** | **Additional Details:** | Click here to enter text |  |
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| [ ]  **Reasons for Judgment** |  |  |  |
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| [ ]  **Reasons for Sentence** |  |  |  |
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| 1. **Order Details*Instructions:*** *Select one input (and any associated text field) for* ***Transcript Format Requirements for the First Certified Copy*** *and* ***Date Transcript(s) Required.*** *Complete all other fields as required.*
 |
| ***Note:*** * ***If a transcript will be referenced in court, it is the responsibility of the ordering party who is referencing the transcript to provide a certified copy of the transcript to the presiding judicial official at no cost to the court.***
* ***Transcripts are paid at the regulated fees as set out in Ontario Regulation 94/14: Fees for Court Transcripts, of the Administration of Justice Act.***
 |
| **Transcript Format Requirements for the First Certified Copy:** | [ ]  **Electronic** | [ ]  **Paper** | **# of paper copies:**   | Click here to enter text |  |
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|  |  |  |  |
| **Enhanced Service:** | [ ]  **Daily*****(First certified copy required within 24hrs)*** | [ ]  **Expedited*****(First certified copy required within five business days)*** |
| **Additional Copy/Service Details:** | Click here to enter text |  |
|  | ***Indicate any additional copy/service details/instructions to the ACT above, such as if you require an additional copy of the transcript and the format requirements (e.g., an uncertified electronic transcript in an editable format, a certified/uncertified electronic transcript if your first certified copy is paper, etc.). Note: Additional electronic transcripts are at no cost if ordered at the same time as the first certified copy.***  |
| **Date Transcript(s) Required:** | Click to pick a date |  |
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| 1. **Ordering Party Information**

***Instructions:*** *Select one input (and any associated text field) under* ***Ordering Party Type*** *that best describes your interest in the case being transcribed, then complete the* ***Ordering Party Details*** *section.* |
| **Ordering Party Type:** |
| [ ]  Legal Counsel of Record | [ ]  Provincial Crown Attorney | [ ]  Federal Crown Attorney | [ ]  CLD - Other:  | Click here to enter text |  |
| [ ]  Member of the Public | [ ]  Litigant/Accused |  |  |  |  |
| [ ]  Media | [ ]  Other (Please Specify): | Click here to enter text |  |  |
| [ ]  Correctional Services Canada: | Click here to enter text |  |
|  | ***Indicate one of the following above:*** *Federal Incarceration, Dangerous Offender, Long-Term Offender, or 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 |  | **Province:** | Click here to enter text |  |
|  |  |  |
| **Postal Code:** | Click here to enter text |  | **Country:** | Click here to enter text |  |
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| **Email:** | Click here to enter text | **Phone Number(s):** | Click here to enter text |  |
|  | *(Include all contact numbers - as required)* |

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| 1. **For Authorized Court Transcriptionist (ACT) Use Only**

***Instructions:*** *Complete ALL fields* |
| ***Note:*** *This transcript order will not be processed without the ACT’s Name and ACT ID #* |
| **Name of ACT:** | **Barbara Marshall** |  | **ACT ID # :** | **5350030755** |  |
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| **Authorized Court Transcriptionist (ACT) Undertaking** |
| [ ]  I certify that I have signed an undertaking to the court for authorized access to digital court recordings and that the undertaking remains valid. I acknowledge and understand that the undertaking therefore applies to this request. |
| **Date Section 6 Completed:** | Click to pick a date |  |
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