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| **Ordering Parties: Please complete sections 1 through 5. Section 6 is for completion by the ACT.** |
|  | **Case Information** |
| **Name of Case** | x |  |  **Order Date** *(mm/dd/yyyy)* |   /  /     |  |
| **Presiding Official** | Click here to enter text. |  | **Court File, Info or****Indictment #** |  |  |
| Click here to enter text. |
| **Court Location** | Click here to enter text. | **Courtroom #** | Click here to enter text. |  |
| **Date(s) of Proceeding***(mm/dd/yyyy)* | Click here to enter text. |  |
|  |  |  |  |
| **Additional Details** | Click here to enter text. |
| **Proceedings from** | [ ]  Ontario Court of Justice  | [ ]  Superior Court of Justice |

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| **2.** | **Type of Proceeding *(Select a type of proceeding and choose from that item’s drop-down menu.)*** |
| **Is the transcript for purposes of appeal?**  |  |  |
| [ ]  Yes (*Proceed to* ***Appeal*** *section**below*) | [ ]  No (*Enter the* ***Type of Proceeding*** *information**below*) |
| [ ]  Criminal | **Choose an item** | [ ]  *YCJA* | **Choose an item** | [ ]  Civil | **Choose an item** |
| [ ] Family | **Choose an item** | [ ]  Small Claims | **Choose an item** | [ ] Justice of the Peace Intake |
| [ ]  *POA* | **Choose an item** | [ ] From an Appeal Court | Heard In: | [ ]  Other *Please specify*  | Click here to enter text. |
| **Choose an item** |
| Additional Details*(as required)* | Click here to enter text. |
| **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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| **3.** | **Content to be Transcribed *(Select Complete Proceeding OR appropriate number of other items for portions.)*** |
| [ ]  **Complete 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)*** |
| [ ]  **Excerpt 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. |
| [ ]  **Evidence of Witness(es)** | Name of Witness | Click here to enter text. | [ ]  All Evidence | [ ]  Portion of Evidence |
| ***(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. |
| [ ]  **Reasons for Judgment**  |
| [ ]  **Reasons for Sentence** |
| [ ]  **Ruling(s)** | Details  | Click here to enter text. |

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| **4.** | **Order Details** |
| **NOTES:** * 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 fee as set out in **O. Reg. 94/14 of the *Administration of Justice Act.***
* The ***# of Certified Copies***and ***Electronic Copy*** section below have been prefilled for administrative purposes only.

**INSTRUCTIONS:*** To complete the transcript order, answer the following questions where required in the ***Additional Copy/Service Details*** section.
	+ - 1. What format is the certified transcript required in (certified electronic or certified printed)?
				* If a certified printed transcript is required, how many copies?

Do you require the same transcript in electronic format (at no extra cost)?* + - 1. Any additional instructions to the ACT.
 |
| **# of Certified Copies** | 1 | **Electronic Copy** |[x]  **Enhanced Service:** |
| **Date Transcript Required** |   /  /     |  | **Daily** (First Certified Copy Required within 24hrs) |[ ]
|  | *(mm /dd /yyyy)* |  | **Expedite** (First Certified Copy Required within Five Business Days) |[ ]
| **Additional Copy/Service Details:** |
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| **5.** | **Ordering Party Information *(Select the box that best describes your interest in the case being transcribed)*** |
| [ ]  Legal Counsel | [ ]  Party to the Proceeding | [ ]  Member of the public | [ ]  Media | [ ]  Other | Click here to enter text. |
|  | [ ]  Federal Crown Attorney | [ ]  Provincial Crown Attorney | [ ]  CLD Other  | Click here to enter text. |
| **Correctional Service Canada** | [ ]  Federal Incarceration | [ ]  Dangerous Offender |
|  | [ ]  Long-Term Offender | [ ]  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. | **Postal Code:** | Click here to enter text. |  |
| **Province** | Click here to enter text. | **Country** | Click here to enter text. | **Email** | Click here to enter text. |  |
| **Phone Numbers** | Click here to enter text. |  | **Fax** | Click here to enter text. |  |
|  | *(Include all contact numbers)* |  |  |

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| **6.** | **For Authorized Court Transcriptionist (ACT) Use Only** |
| **Please Note that this Transcript Order cannot be processed without the Transcriptionist’s Name and ACT ID.** |
| **Name of Transcriptionist**  | Barbara Marshall <barb@courttranscriptniagara.ca> | **ACT ID**  | 5350030755 |  |
|  |  |  |  |
| **Authorized Court Transcriptionist 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**  |   /  /     |  |
| *(mm /dd /yyyy)* |

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| **For all Transcript Orders the following information is mandatory:** |
| **Section 1** | Name of Case; Court Location; **Date(s) of Proceeding; Presiding Official** and/or **Courtroom #;** one selection from **Proceedings From**. |  | **Section 4** | The **Date Transcript Required** and the **Additional Copy/Service Details** section**.** |
| **Section 2** | Identify if the transcript is **for appeal** OR **not for appeal** purposes**.** Select only one **not for appeal** ORone **for appeal** itemAND its associated drop down item or text box. |  | **Section 5** | At least one **Ordering Party Type**, the **Ordering Party Name** and the **Ordering Party Contact Details** |
| **Section 3** | **Complete Proceeding** **OR** at least one **of the remaining items** with complete details for item(s) selected. |  | **Section 6** | Transcriptionist Name and ACT ID |