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ATTORNEY REQUESTING TRANSCRIPTION: _____

DEFENDANT/CLIENT NAME: _____

COURT/LOCATION OF HEARING: _____

DOCKET NUMBER(S): _____

TYPE OF HEARING: _____

DATE OF HEARING: _____

JUDGE/HEARING OFFICER: _____

DEFENSE ATTORNEY: _____

PROSECUTOR: _____

DEFENSE ATTORNEY: _____

WITNESSES: _____

OTHER INFORMATION: _____
