ERO-Typist Transcript Pay Statement/Supreme Court Administrative Order

Print

Send **ORIGINAL** invoice (no copies) and required attachments to: Jacque Beaver
Supreme Court of Appeals
Clerk's Office - Bldg. 1, Room E-317
State Capitol Complex
Charleston, WV 25305

Date: ____________________

Name of Payee: ____________________

Address: ____________________

SS# or Supreme Court Vendor Number: ____________________

County (where transcript was filed): ____________________

Purpose of Transcript (check appropriate box):

☐ Criminal Appeal:

☐ Child Abuse/Neglect Appeal:

☐ Habeas Corpus Appeal:

☐ Habeas Corpus Hearing (transcript requested for preparation of habeas proceeding):

☐ Juvenile Delinquency Appeal:

→ Required Invoice Attachments →

The following items MUST BE ATTACHED TO THIS INVOICE:

[1] Copy of Order appointing counsel or Order from circuit judge stating defendant is eligible for appointed counsel;

[2] Copy of Appellate Transcript Request form;

[3] Certification of Completion.

Paragraph 4 below will be accepted in lieu of the certification of completion form.

Monthly report must be current.

[Reference to "monthly report" does not apply to freelance/substitute court reporters, former court reporters, or retired court reporters.]

☐ Grand Jury Proceedings: →

Copy of order appointing counsel or Order from circuit judge stating defendant is eligible for appointed counsel, and appropriate order (Appendix J of Court Reporter Manual) prepared by the Prosecuting Attorney, and approved and signed by the circuit judge MUST BE ATTACHED TO THIS INVOICE. Monthly report must be current.

1. Case style: ____________________ Case No.: ____________________

2. Name of counsel or party requesting transcript: ____________________

3. You MUST list the dates of the proceedings being billed on this invoice, along with the number of pages for each proceeding. If you did not prepare transcripts for all dates on the Appellate Transcript Request form, please list the date(s) and reason transcript wasn't prepared (such as: incorrect date, previously filed, to be prepared, reported by __________, etc.). →

If a proceeding (on the Appellate Transcript Request form received by you) was reported by another court reporter, you must immediately notify the requesting party and the Clerk of the Supreme Court of Appeals, by sending them a copy of the request and a letter of explanation (as stated on pg. 26 of the Manual for Official Court Reporters of the WV Judiciary). Contact information for that court reporter should be supplied to the requesting party. The person requesting the transcript must prepare a separate request for each court reporter from whom a transcript is requested, but it is also the responsibility of the official court reporter to notify the other court reporter.

List dates of all proceedings requested, including additional transcripts prepared (Example: 10-22-07)	Number of pgs **OR** reason transcript was not prepared
Use separate sheet, if necessary.	

4. Original transcript was filed in the Circuit Court of ____________________ County on ____________________

Note: The original transcript of all circuit court proceedings must be filed in the office of the circuit clerk in the county where the action took place. If transcript was MAILED to the circuit clerk, please mark out FILED and write in MAILED.

5. Number of ORIGINAL Pages: ____________ @ $ 1.50 per page = $0.00

6. Number of COPY Pages: ____________ @ $ 0.75 per page = $0.00

(A separate request must be attached for each additional copy.)

Note: If number of copy pages is different from number of original pages, attach a detailed explanation.

2nd Copy Pages: ____________ @ $ 0.75 per page = $0.00

3rd Copy Pages: ____________ @ $ 0.75 per page = $0.00

4th Copy Pages: ____________ @ $ 0.75 per page = $0.00

5th Copy Pages: ____________ @ $ 0.75 per page = $0.00

Copies of previously filed transcripts will be paid @ .75 cents per page.

If transcript was mailed, postage receipt **must be** attached to this invoice. $__________ POSTAGE

7. TOTAL AMOUNT DUE: → $ 0.00

____
Signature of Payee

JUDGES SIGNATURE REQUIRED

Signature of Circuit Judge: ____________________ **Date** ____________

Print Name of Circuit Judge: ____________________

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