

# APPELLATE DEFENDER OFFICE

## TRANSCRIPT CLAIM FORM

Cause No. \_\_\_\_\_

Case Name: \_\_\_\_\_

Attorney Requesting Transcripts: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Allowable Costs pursuant to Mont. Code Ann. § 3-5-604

Original No. of Pages: \_\_\_\_\_ @ \$2.10 per page = \$ \_\_\_\_\_

First Copy No. of Pages: \_\_\_\_\_ @ \$.50 per page = \$ \_\_\_\_\_

Add. Copies No. of Pages: \_\_\_\_\_ @ \$.25 per page = \$ \_\_\_\_\_

(One original (reduced format) plus one dvd-r containing PDF to the Supreme Court, one copy to Attorney General, one copy to Appellate Defender (by email to ado@mt.gov in PDF format).

Additional Costs: (attach original receipts) \$ \_\_\_\_\_

Summary of Additional Costs:  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Court Reporter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court Reporter Signature and Date: \_\_\_\_\_

*(Upon receipt of this bill, OPD has 30 days to make payment for your services)*