SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
Court Reporting Division - Room 5500
MOTION FOR APPEAL TRANSCRIPT

(☐ Criminal and Juvenile cases under the **Criminal Justice Act)**

(☐ **In Forma Pauperis** Cases)

_____
Plaintiff

vs.

Superior Court
Case Number _____

_____
Defendant

Specify the date, exact portion of transcript (trial proceedings, opening statement, sentencing, etc.) and the court reporter's name or indicate tape for taped proceedings, for each transcript desired. Unless complete information is provided, no transcript will be ordered.

Date	Judge	CTR#	Reporter's Name/Tape	Transcript Portion

I hereby certify that a copy of this Motion for Appeal Transcript was mailed, postage prepaid, to the

☐ plaintiff, ☐ defendant, ☐ plaintiff's attorney or ☐ defendant's attorney at the following address:

_____ ,
Street Address City, State Zip Code

this _____ day of _____ , 20 _____.

Appellant's Printed Name _____ Unified Bar Number _____

Appellant's Signature _____ Telephone Number ( ) _____