**THE SUPERIOR COURT OF THE STATE OF DELAWARE**

**TRANSCRIPT REQUEST FORM**

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* All sections of this form must be completed to process your request for a transcript.
* Please complete a **separate** request form for **each** transcript request.
* The cost of a transcript is based on a per-page rate:
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|  |
| --- |
| **I. CASE INFORMATION** |
|  |
| **Criminal** [ ]  | OR | **Civil** [ ]  (Check One) | **Case Number:**  |
|  |  |
| **Case Name or Defendant**:  |
|  |
| **Date of Proceeding**:  | **Presiding Judge**:  |
|  |  |
| **Proceeding Type:**  | Motion [ ]  | Hearing [ ]  | Case Review [ ]  | Plea [ ]  |
|  |
| Trial [ ]  | Violation of Probation [ ]  | Other:  |
|  |  |  |
| **Is this transcript associated with a Supreme Court appeal?** | Yes [ ]  | OR | No [ ]  |  |
|  |  |  |  |
| **Delivery Time:** | Normal [ ]  | Expedited [ ]  | Daily [ ]  | Same Day [ ]  |
|  |
| **II. REQUESTOR INFORMATION** |
|  |
| **Name:**  |
|  |  |
| **Relationship to Case/Defendant:**  |
|  |
| **Address:**  |
|  |  |
| **Phone Number**:  | **Email**:  |
|  |  |
| **Requestor Signature**:  | **Date**: |   |
|  |  |  |
| **SUBMIT COMPLETED REQUEST FORM TO:** |
| New Castle CountyCourt Reporters Office500 N. King StreetLevel 2, Ste. 2609Wilmington, DE 19801Superior.NCC.Transcripts@delaware.gov(302) 255-0800 Option #6 | Kent CountyCourt Reporters Office38 The Green1st Floor, Room 155Dover, DE 19901michelle.d.webb@delaware.gov (302) 735-1901 | Sussex CountyCourt Reporters Office1 The Circle2nd Floor, Room 202Georgetown, DE 19947christine.quinn@delaware.gov(302) 856-5596 |