

TRANSCRIPT REQUEST

Please remit to: Butler County Court Services Department
315 High Street, 3rd Floor
Hamilton, Ohio 45011
Office: (513) 785-5721
Fax: (513) 785-5719
Email: plieningerk@butlercountyohio.org

Date of Request: Case Number:

Requesting Party:

Email Address:

Phone Number:

Indigent Defendant: Yes No

Case Caption: Plaintiff:

V.

Defendant:

Filed in Court of Appeals: Yes No

Type of hearings and dates:

Judge:

Requested completion date:

Additional notes:
Maximum of 250
Characters.

Approval for payment to be paid out of account Number : 0001-0372-301060.

Administrative Judge

TRANSCRIPT REQUESTED COMPLETED WITHIN 14 DAYS OR LESS WILL BE CONSIDERED EXPEDITED.