

# 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: bullardjm@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.