

ORDER FOR TRANSCRIPT FOR INDIGENT DEFENDANT

In the Criminal Court for _____ County, Tennessee

STATE OF TENNESSEE

CASE NO.(S) _____

VS.

CHARGE _____

DEFENDANT

PURPOSE OF REQUEST

- APPEAL (Transcript DUE 60 days from date Notice of Appeal filed)
- OTHER (Date needed by _____)

REQUEST FOR THE TRANSCRIPT OF EVIDENCE

- | | | | |
|---|---------------|---|---------------|
| <input type="checkbox"/> Pre-Trial Motion(s) | Date(s) _____ | <input type="checkbox"/> Jury Charge | Date(s) _____ |
| <input type="checkbox"/> Voir Dire | Date(s) _____ | <input type="checkbox"/> Sentencing Hearing | Date(s) _____ |
| <input type="checkbox"/> Opening Statement(s) | Date(s) _____ | <input type="checkbox"/> Motion for New Trial | Date(s) _____ |
| <input type="checkbox"/> Trial Testimony | Date(s) _____ | <input type="checkbox"/> Post-Trial Motion(s) | Date(s) _____ |
| <input type="checkbox"/> Closing Argument(s) | Date(s) _____ | <input type="checkbox"/> Other | Date(s) _____ |
| <input type="checkbox"/> Special Instruction(s) _____ | | | |

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that a transcript of all requested proceedings shall be prepared and that the cost of said transcript be incurred by the State.

SO ORDERED this _____ day of _____, 20____.

Judge

CERTIFICATE OF MAILING

I certify that on _____, 20____, I mailed a true copy of the Order for Transcript for Indigent Defendant to the court reporter, _____ at the address listed below:

Mailing address: _____

Signature of Requesting Attorney/Defendant

Printed Name of Requesting Attorney/Defendant

Street Address

City, State, Zip Code

Telephone Number