

STATE OF HAWAII THIRD CIRCUIT		REQUEST FOR WRITTEN TRANSCRIPT/ RECORDING OF PROCEEDINGS		Case Number
COURT: Circuit [ ] Family [ ] District [ ]				
PLAINTIFF/PETITIONER		VS. DEFENDANT/RESPONDENT		
REQUEST FOR: [ ] Transcript Reporter's name (if applicable) _____ (Separate request for transcript form for each reporter)				
[ ] Electronic recording (Data CD or DVD - must have access to computer)				
Date(s) of Proceeding	Type of Proceeding (e.g., trial, motion, sentencing)	Portions of Proceeding for which Transcript Requested	Name of Judge	
Date Transcript(s) Are Needed:	Date Electronic Record(s) Are Needed:	<input type="checkbox"/> I am a pro se litigant. (Representing Self) <input type="checkbox"/> I am an attorney privately retained & will make payment. <input type="checkbox"/> I am a Court Appointed attorney & have attached a copy of the Notice of Conflict & Order Appointing Counsel. <input type="checkbox"/> Other _____		
Requestor's Name:		Attorney for: <input type="checkbox"/> Plaintiff/Petitioner		
Firm (if applicable):		<input type="checkbox"/> Defendant/Respondent		
Mailing Address:		Requestor's Signature and Date		
Phone No. _____				
ACKNOWLEDGMENT AND RECEIPT				
Signature of Court Administrator/Date	If applicable: Signature of Court Reporter/Estimated Completion Date		(For Official Use Only)	
Signature of Judge/Date				



In accordance with the American Disabilities Act, if you require an accommodation or assistance, please contact the ADA Coordinator at Phone no. (808) 961-7424, Fax (808) 961-7411 or TTY (808) 961-7422 at least ten (10) working days in advance of your hearing or appointment date.