

**UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT**

**TRANSCRIPT INFORMATION
CIVIL APPEAL**

**To be completed by counsel for appellant in civil appeal from
district court with in ten days after filing notice of appeal.**

THIS SECTION TO BE COMPLETED BY COUNSEL FOR APPELLANT		
CASE TITLE	DISTRICT	DOCKET NUMBER
	JUDGE	APPELLANT
	COURT REPORTER	COUNSEL FOR APPELLANT
TRANSCRIPT ORDER - Must be completed		
<p>DESCRIPTION OF PROCEEDINGS FOR WHICH TRANSCRIPT IS REQUIRED (INCLUDE DATES).</p> <p>I am ordering a transcript. I am not ordering a transcript Reason:</p> <p><input type="checkbox"/> Daily copy is available</p> <p><input type="checkbox"/> Other - Attach explanation</p>	<p>METHOD OF PAYMENT <input type="checkbox"/> Funds <input type="checkbox"/> CJA Voucher (CJA 21)</p>	
<p><input type="checkbox"/> PREPARE TRANSCRIPT OR PRE-TRIAL PROCEEDINGS</p> <p><input type="checkbox"/> PREPARE TRANSCRIPT OF TRIAL</p> <p><input type="checkbox"/> PREPARE TRANSCRIPT OF OTHER POST-TRIAL PROCEEDINGS</p> <p><input type="checkbox"/> PREPARE (Other: Specify)</p>	<p>DELIVER TRANSCRIPT TO: (NAME, ADDRESS, TELEPHONE)</p>	
<p align="center">I certify that I have made satisfactory arrangements with the court reporter for payment of the cost of the transcript. (FRAP 10(b)). I understand that unless I have already ordered the transcript, I shall order its preparation at the time required by the Civil Appeals Management Plan, F.R.A.P. and the local rules.</p>		
COUNSEL'S SIGNATURE	DATE	
<p>COURT REPORTER ACKNOWLEDGMENT (To be completed by court reporter. Return one copy to: Clerk of Court, U.S. Court of Appeals, Second Circuit)</p>		
DATE ORDER RECEIVED	ESTIMATED COMPLETION DATE	ESTIMATED NUMBER OF PAGES
SIGNATURE OF COURT REPORTER		DATE