

# COURT REPORTER FEE DECLARATION

Case  
Type  
CR

County  
Code  
---

Case Number(s)

---	---	---	---
---	---	---	---
Jurisdiction	Year	Case	Suffix

**APPEAL TO THE:**  Court of Criminal Appeals  Court of Civil Appeals  
 Supreme Court of Alabama

**STYLE OF**

**CASE(S):** \_\_\_\_\_

v. \_\_\_\_\_

**TYPE OF CASE:**  Civil  Criminal  Felony  Capital  Other \_\_\_\_\_

**NOTE:** If case(s) consolidated for trial, please include all trial court case numbers.

## Transcript(s) Fee Claim

	Number of Pages			
<u>  1  </u> Original Impression	_____	@ \$ 2.25 per page	= \$	_____
<u>  3  </u> Copies of Original Impression ( <i>criminal only</i> )	_____	@ \$ .50 per page	= \$	_____
<u>  1  </u> Copy of Original Impression ( <i>civil only</i> )	_____	@ \$ .50 per page	= \$	_____
<b>Total = \$</b>				_____

The undersigned court reporter declares that the above claim is true and correct according to law and rule for submission on appeal.

\_\_\_\_\_  
Court Reporter's Signature

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Court Reporter (*please print*)  Official  Special Roving  Special

\_\_\_\_\_  
Social Security Number /or/ Tax ID Number

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Work Address (*including city, state, and zip code*)

\_\_\_\_\_  
Work Telephone Number

I, the undersigned judge, hereby certify that the foregoing claim has been presented to me, and I have reviewed the same and believe the same to be true and correct.

Done this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge's Signature

**NOTICE TO COURT REPORTER AND JUDGE:** Rule 29, ARJA, describes the proper manner in which transcripts should be prepared and establishes the fee for transcripts.

This form must contain original signatures of the court reporter and the judge. This form (with attachments) must be submitted by the court reporter to the trial court judge for approval. After approval by the trial court judge, the court reporter must submit the original Declaration to the State Comptroller. **Mail to: State Comptroller, Indigent Defense Section, P. O. Box 302602, Montgomery, Alabama 36130-2602**