

STATE OF NORTH CAROLINA

Administrative Office Of The Courts
Legal Services Division

COURT REPORTER STATEMENT FOR TRANSCRIPTS

INSTRUCTIONS: Forward original form and copy of court order to the Administrative Office of the Courts, Attn: Administrative Services Division, P. O. Box 2448, Raleigh, NC 27602. Retain copy for your records.

File No.	County	Case Title
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TRANSCRIPTS PREPARED

NOTE: Original - \$1.65 per page, copy - \$.60 per page.

	No. Of Pages	Amount
Appellate Counsel		
Appellate Defender		
Public Defender		
District Attorney		
Other (specify)		
	TOTAL	

CERTIFICATION

I hereby certify that I have prepared and delivered the above transcripts to the appropriate parties pursuant to the court order, and the transcripts meet the minimum specification established by the Administrative Office of the Courts.

NOTE: If payment is to be made to court reporter individually, write "same" under payee and give court reporter's own taxpayer ID No. (either Social Security No. or Federal Employer ID No. as used by court reporter.) If payment is to be made to court reporter's firm, give firm name under payee and give firm's taxpayer ID No.

Address
Taxpayer ID No. (See Note)
Name Of Court Reporter (Type Or Print)
Date
Payee
Signature Of Court Reporter

NOTE: A copy of the order must be attached to receive payment.

FOR USE BY AOC ADMINISTRATIVE SERVICES DIVISION

Date	Verification For Payment
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COMPANY	ACCOUNT	CENTER	AMOUNT
0201	532110002	160060_____	
0221	532110002	13108000	
0221	532110002	1350_____	
0221	532110002	132032_____	
		TOTAL	