

COURT OF COMMON PLEAS  
JUVENILE DIVISION  
SUMMIT COUNTY, OHIO

PRAECIPE TO COURT REPORTER

Please fill out this form completely:

CHILD'S NAME(S) \_\_\_\_\_

CASE NUMBER(S) \_\_\_\_\_

MAGISTRATE \_\_\_\_\_

DATE(S) OF PROCEEDINGS \_\_\_\_\_

PORTION OF RECORD REQUESTED OR ALL \_\_\_\_\_

IS THIS TRANSCRIPT BEING USED FOR AN APPEAL ( ) YES ( ) NO

IS THIS TRANSCRIPT BEING USED FOR OBJECTIONS ( ) YES ( ) NO OTHER: \_\_\_\_\_

PARTY FOUND INDIGENT ( ) YES ( ) NO

COSTS FOR PREPARING THIS TRANSCRIPT ARE TO BE BILLED TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_

\_\_\_\_\_

Attorney Signature

\_\_\_\_\_

Court Reporter Signature