**Transcript Order Form of an Ontario Court Proceeding**

**Sections 1 to 5 to be completed by ordering party. Section 6 to be completed by the ACT.**

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| **For Internal Use Only:** | External Transcript Order Form |

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| 1. **Case Information**   ***Instructions:*** *Complete Name of Case, Order Date, Presiding Official and/or Courtroom #, Court Location, Date(s) of Proceeding, and one selection from* ***Proceedings From****. Complete other fields as required.* | | | | | | | | | | | | | | | |
| **Name of Case:** | Click here to enter text | | | | | | |  | | **Order Date:** | | | | Click to pick a date |  |
| **Presiding Official:** | Click here to enter text | | | | | | |  | |  | | | | | |
| **Court Location:** | Click here to enter text | |  | **Courtroom #** | | Click here to enter text | | |  | | **Court File, Info or Indictment #:** | | Click here to enter text | |  |
| **Date(s) of Proceeding**: | | Click here to enter text | | | **Proceedings from:** | | Ontario Court of Justice | | | | | Superior Court of Justice | | | |
|  | | *(mm/dd/yyyy)* | | |  | |  | | | | |  | | | |
| **Additional Details:** | Click here to enter text | | | | | | | | | | | | | |  |
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| 1. **Type of Proceeding*****Instructions:*** *Select if the transcript is* ***for appeal*** *or* ***not for appeal*** *purposes. Then complete one input from the* ***Proceedings Details*** *or* ***Appeal To*** *section, along with the associated drop-down item/text box.* | | | | | | | | | | | | | | | | | | | |
| **Is the transcript for purposes of appeal?** | | | | | | | | Yes (*Skip to* ***“Appeal To”*** *section below*) | | | | | No (*Complete “****Proceeding Details”*** *section below*) | | | | | | |
| **Proceeding Detail:** | Civil: | Choose an item | | | | | | | |  | | Criminal: | | | Choose an item | | | |  |
| Family: | | Choose an item | | | | | | |  | | From an Appeal Court: | | | | | | Choose an item |  |
| Justice of the Peace Intake | | | | | | | | | | | POA: | | Choose an item | | | | |  |
| Small Claims: | | | Choose an item | | | | | |  | | YCJA: | | Choose an item | | | | |  |
| Other (*Please specify*): | | | | | | Click here to enter text | | | | | | | | | | | |  |
| **Additional Details:** | | | | | Click here to enter text | | | | | | | | | | | | |  |
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| **Appeal To:** | Court of Appeal for Ontario: | | | | | | | | Choose an item | |  | | Divisional Court: | | | | Choose an item | |  |
| Superior Court: | | | | Choose an item | | | | | |  | | Ontario Court: | | | Choose an item | | |  |
| **Appeal #:** | | Click here to enter text | | | | | | | | | | | | | | | |  |
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| 1. **Content to be Transcribed*****Instructions:*** *Select* ***Entire Proceeding*** *or the appropriate selection(s) for portions of proceedings.* | | | | | | | |
| **Entire Proceeding**  *(Do not select if a portion of a proceeding is required.)* | ***Note:*** *Most pre-trial motions and submissions are not transcribed unless specifically requested. However, some rules require that pre-trial motions and/or submissions be included for appeal transcripts. Refer to the Court Transcript Standards and Procedures manual for rules on inclusions/exclusions. If required, check the box below.* | | | | | | |
| Include pre-trial motions and submissions *(If for appeal, attach order/consent if required)* | | | | | | |
| **Portion of Proceeding** | ***Note:*** *When describing content to be transcribed, be precise and provide a definitive frame of reference including timeframe if applicable (timeframe example: “Commencement of court to morning recess”).* | | | | | | |
| **Details:** | Click here to enter text | | | | |  |
|  | |  | | | | |
| **Evidence of Witness(es)**  *(Ensure each line used contains complete data i.e., Name and either All Evidence of Portion of Evidence)* | Name of Witness: | | Click here to enter text |  | All Evidence | Portion of Evidence | |
| Name of Witness: | | Click here to enter text |  | All Evidence | Portion of Evidence | |
| Name of Witness: | | Click here to enter text |  | All Evidence | Portion of Evidence | |
| Name of Witness: | | Click here to enter text |  | All Evidence | Portion of Evidence | |
| Name of Witness: | | Click here to enter text |  | All Evidence | Portion of Evidence | |
| **Additional Details:** | | Click here to enter text | | | |  |
|  | |  | | | |  |
| **Ruling(s)** | **Additional Details:** | | Click here to enter text | | | |  |
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| **Reasons for Judgment** |  | |  | | | |  |
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| **Reasons for Sentence** |  | |  | | | |  |
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**Sections 1 to 5 to be completed by ordering party. Section 6 to be completed by the ACT.**

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| 1. **Order Details *Instructions:*** *Select one input (and any associated text field) for* ***Transcript Format Requirements for the First Certified Copy*** *and* ***Date Transcript(s) Required.*** *Complete all other fields as required.* | | | | | | | | | | |
| ***Note:***   * ***If a transcript will be referenced in court, it is the responsibility of the ordering party who is referencing the transcript to provide a certified copy of the transcript to the presiding judicial official at no cost to the court.*** * ***Transcripts are paid at the regulated fees as set out in Ontario Regulation 94/14: Fees for Court Transcripts, of the Administration of Justice Act.*** | | | | | | | | | | |
| **Transcript Format Requirements for the First Certified Copy:** | | | | **Electronic** | | **Paper** | | **# of paper copies:** | Click here to enter text |  |
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|  | |  | |  |  | |
| **Enhanced Service:** | | | **Daily**  ***(First certified copy required within 24hrs)*** | | | | **Expedited**  ***(First certified copy required within five business days)*** | | | |
| **Additional Copy/Service Details:** | | Click here to enter text | | | | | | | |  |
|  | | ***Indicate any additional copy/service details/instructions to the ACT above, such as if you require an additional copy of the transcript and the format requirements (e.g., an uncertified electronic transcript in an editable format, a certified/uncertified electronic transcript if your first certified copy is paper, etc.). Note: Additional electronic transcripts are at no cost if ordered at the same time as the first certified copy.*** | | | | | | | |
| **Date Transcript(s) Required:** | Click to pick a date | | | |  | | | | | |
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| 1. **Ordering Party Information**   ***Instructions:*** *Select one input (and any associated text field) under* ***Ordering Party Type*** *that best describes your interest in the case being transcribed, then complete the* ***Ordering Party Details*** *section.* | | | | | | | | | | | | | | | |
| **Ordering Party Type:** | | | | | | | | | | | | | | | |
| Legal Counsel of Record | | Provincial Crown Attorney | | | | Federal Crown Attorney | | | CLD - Other: | | | | Click here to enter text | |  |
| Member of the Public | | Litigant/Accused | | | |  | | |  | | | |  | |  |
| Media | | Other (Please Specify): | | Click here to enter text | | | | | |  | | | | |  |
| Correctional Services Canada: | | | Click here to enter text | | | | | |  | | | | | | |
|  | | | ***Indicate one of the following above:***  *Federal Incarceration, Dangerous Offender, Long-Term Offender, or Parole Eligibility* | | | | | | | | | | | | |
| **Ordering Party Details:** | | | | | | | | | | | | | | | |
| **Name:** | Click here to enter text | | | | | | **Organization/Firm:** | | Click here to enter text | | | | | |  |
|  | *(Last Name, First Name)* | | |  |  | | | | *(if applicable)* | | | | | |  |
| **Address:** | Click here to enter text | | |  | **City:** | | Click here to enter text | | | |  | **Province:** | | Click here to enter text |  |
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| **Postal Code:** | Click here to enter text | | |  | **Country:** | | Click here to enter text | | | |  | | | | |
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| **Email:** | Click here to enter text | | | **Phone Number(s):** | | | | | Click here to enter text | | | | | |  |
|  | | | | | | | | | *(Include all contact numbers - as required)* | | | | | |

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| 1. **For Authorized Court Transcriptionist (ACT) Use Only**   ***Instructions:*** *Complete ALL fields* | | | | | | | |
| ***Note:*** *This transcript order will not be processed without the ACT’s Name and ACT ID #* | | | | | | | |
| **Name of ACT:** | Click here to enter text | | |  | **ACT ID # :** | Click here to enter text |  |
|  | | | | | | | |
| **Authorized Court Transcriptionist (ACT) Undertaking** | | | | | | | |
| I certify that I have signed an undertaking to the court for authorized access to digital court recordings and that the undertaking remains valid. I acknowledge and understand that the undertaking therefore applies to this request. | | | | | | | |
| **Date Section 6 Completed:** | | Click to pick a date |  | | | | |
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