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WORK ORDER & INFORMATION SHEET

Requested by: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

_____ Regular _____ Expedited

Number of CDs enclosed: _____

Audio sent through website/date: (if applicable) _____

TRANSCRIPTS TO BE PRODUCED: Desired Return Date: _____

(We will try everything we can to meet your desired return date. That is not always possible, but we will let you know when, and if, we run into any problems)

Original transcript - one printed original transcript together with CD will be provided to requester for the Court.

Copy transcript - PDF copies only.

Email address for PDF: _____

(Please type or print clearly)

CASE INFORMATION

Full Case Caption: _____

Case No.: _____

Date of Proceeding: _____

Court: _____

Judge: _____

Docket Sheet: Yes _____ No _____ N/A _____

Police Report: Yes _____ No _____ N/A _____

If civil/criminal:

If jury trial, do you want seating of jury transcribed: Yes _____

No _____

Plaintiff's Attorney/ADA and address _____

Defendant's Attorney and address _____

All other attorneys and their clients: _____

Potential witnesses, if applicable (please type or print clearly):

Unusual names, places or terminology: _____

Date submitted to transcriber: _____ Delivery Method: _____
