



ACORN TRANSCRIPTS, LLC.

**3572 Acorn Street
North Port, FL 34286**

Email: info@acornfla.com

www.acornfla.com

1-800-750-5747

1-941-426-4465

WORK ORDER & INFORMATION SHEET

(For Massachusetts Only)

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)

_____ Indigent – NAC form enclosed. (An allowed motion for funds is required for CPCS direct billing if more than two dates are requested. The motion must have the court’s endorsement and the attorney’s signature on it.)

NAC Number: _____

Motion: Yes _____ No _____

_____ Not indigent - Deposit of \$ _____ to be forwarded by overnight mail to address above - copy of check as written attached

(Deposit is based on estimate as discussed, final figures may change)

CASE INFORMATION

Full Case Caption: _____ Docket No.: _____

Date of Proceeding: _____

Court: _____ Judge: _____

Docket Sheet: Yes _____ No _____

Police Report: Yes _____ No _____

If juvenile:

Mother's Attorney and address: _____

Father's Attorney and address: _____

Child/ren's Attorney and address: _____

DCF Attorney and address: _____

Exhibit List: Yes _____ No _____

Witness List: Yes _____ No _____

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: _____ (Please forward by **Priority Mail**)
09/26/2019