

**REQUEST FOR REPORTER'S RECORD 254<sup>TH</sup> DISTRICT COURT**

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CauseNo. \_\_\_\_\_

Date(s)of

Proceedings \_\_\_\_\_

Typeof \_\_\_\_\_

Proceedings \_\_\_\_\_

CASESTYLE \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Bar Card No. \_\_\_\_\_

Attorney for \_\_\_\_\_

Firm name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

NOTES: \_\_\_\_\_

*(Additional charges will apply if any of the following are selected)*

**EXHIBITS?** YES or NO      **WORD INDEX** YES or NO      **EXPEDITED** YES or NO

**ROUGH ASCII** YES or NO

Upcoming Trial/Hearing Date \_\_\_\_\_ Date Transcript Needed by \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

*An estimate of costs will be based on the information provided. Production of transcript will not begin until full payment of the estimate is received. Expedited requests are accepted only as reporter's schedule and workload permit.*