

REQUEST FOR REPORTER'S RECORD 254TH DISTRICT COURT

Dc254coordinator@dallascounty.org

CauseNo._____

Date(s)of Proceedings_____

Type of 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*_____