



REQUEST FOR TRANSCRIPT COST ESTIMATE

Transcription Services Fax: 945-5751 e-mail: tsu@gov.mb.ca
Phone: 945-0301 or 945-3026

Estimate No. _____

Date of Inquiry _____

PART 1: I am requesting an estimate of the cost of transcript(s) as noted below:

Court Hearing Particulars

Name of Accused or Title of Proceedings _____ Charge and/or court file number _____

Date of Hearing(s) to be transcribed: _____

Before Justice/Judge/JJP _____ Courtroom _____ Place of court _____

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Transcript (complete) | <input type="checkbox"/> _____ copies | <input type="checkbox"/> Word format CD <input type="checkbox"/> | <input type="checkbox"/> Regular (21 business days minimum) |
| <input type="checkbox"/> Transcript (excerpt) | <input type="checkbox"/> _____ copies | <input type="checkbox"/> Almost Paper (ASCII) CD <input type="checkbox"/> | <input type="checkbox"/> Expedited ** (7 business days) |
| <input type="checkbox"/> Reasons for Judgment | <input type="checkbox"/> _____ copies | <input type="checkbox"/> E-mail _____ (address) | <input type="checkbox"/> Priority ** (3 business days) |
| <input type="checkbox"/> Reasons for Sentence | <input type="checkbox"/> _____ copies | E-mail delivery is not available on Young Person or Child Protection matters | |

Specify if excerpt (also see reverse for guideline on what is available as an excerpt) _____ Date Required: _____

SEE REVERSE SIDE FOR COURT OF APPEAL TRANSCRIPT REQUESTS

Reason for Transcript

- | | | |
|--|--|--|
| <input type="checkbox"/> Bail Application | <input type="checkbox"/> Queen's Bench Appeal Purposes | To be heard in: <input type="checkbox"/> Court of Appeal |
| <input type="checkbox"/> Trial | <input type="checkbox"/> Conviction | <input type="checkbox"/> Queen's Bench |
| <input type="checkbox"/> Other (specify _____) | <input type="checkbox"/> Sentence | <input type="checkbox"/> Provincial Court |

Requested by:

- Dept. of Justice MB (specify Branch name) _____
- Legal Aid (Cert. # _____)
- Legal Profession/Public/Other Government Departments

Name and/or Law Firm _____ Contact Person _____ Phone _____

Address _____ Fax number _____

PART 2: (Requestor to acknowledge receipt following acceptance of this estimate)

I confirm receipt of this estimate and acknowledge my financial obligation related to this request that transcripts now be produced: (See reverse for working details of estimate) I understand the actual pages of transcript may exceed those estimated and that should this occur, I will be contacted with a revised estimate. If I then decide not to proceed further with the transcript, I am to receive as many pages of transcript as have been prepared until the deposit paid has been equalled.

1. Estimated cost of the requested transcripts is \$ _____ plus GST of \$ _____ for a total of \$ _____.

2. Estimated transcript cost to be paid by certified cheque(s) or money order(s), payable to the Contractor named herein,

- (a) before transcript production commences, or
- (b) at the time transcripts are picked up at TSU.

For payments not received within 30 days of notification of completion, Interest will accrue at the rate of 1.5% per month (19.56% per annum)..

- 3. Transcript will be picked up within 30 days of notification of completion.
- 4. Cancellation of the transcript order is required in writing.
- 5. Cost of any portion of the transcript produced prior to cancellation is the responsibility of the requestor.

Date _____ Requestor's Signature _____

**** All Reasons for Judgment and/or Sentence must be reviewed by the presiding Judge prior to release; therefore, Transcription Services Unit cannot guarantee provision within the requested timeline. If this should occur, payment at the page rate for the requested service is your responsibility as the contractor will have provided the service within the timeline normally guaranteed.**

DEPOSIT RECEIVED FOR REGULAR / EXPEDITED / PRIORITY SERVICE \$ _____ DATE _____ REC'D BY _____

(Acknowledgement of Receipt of transcript _____ Date _____)

