

**Butler County Court of Common Pleas
Domestic Relations Division**

Transcript Request

Requesting Party: _____ Date of Request: _____

E-mail Address: _____ Phone Number: _____

Domestic Relations Court - Case Number: _____

Twelfth District Court of Appeals – Case Number (if applicable): _____

Case Caption:

Petitioner/1st Petitioner/Plaintiff: _____

versus

Respondent/2nd Petitioner/Defendant: _____

Hearing Dates, Hearing Types, Hearing Officers, Assigned Judge:

Hearing Date(s)	Hearing Type(s)	Hearing Officer(s)	Assigned Judge

Requested Completion Date: _____

Attorney for Plaintiff/Address/Phone Number/Supreme Court Number:

Attorney Name	Address	Phone Number	SC#

Attorney for Defendant/Address/Phone Number/Supreme Court Number:

Attorney Name	Address	Phone Number	SC#

Guardian ad Litem (GAL):

Attorney Name	Address	Phone Number	SC#

Interpreter Assigned: Yes No

Twelfth District Court of Appeals Attorney Information (if applicable):

Attorney for Appellant/Address/Phone Number/Supreme Court Number:

Attorney Name	Address	Phone Number	SC#

Attorney for Appellee/Address/Phone Number/Supreme Court Number:

Attorney Name	Address	Phone Number	SC#

Attorney for Third Party/Address/Phone Number/Supreme Court Number:

Attorney Name	Address	Phone Number	SC#

Request for Copy of Already Transcribed Proceedings? Yes No

Court Staff Member Preparing Request: _____

***TRANSCRIPT REQUESTS TO BE COMPLETED WITHIN 14 DAYS OR LESS WILL BE CONSIDERED EXPEDITED.**

****FULLY COMPLETED TRANSCRIPT REQUEST FORMS MAY BE E-MAILED TO DRCourtWebResponse@butlercountyohio.org OR FAXED TO THE ADMINISTRATION OFFICE AT 513-887-5640.**