

 <b>Legal Services Society</b>  British Columbia www.lss.bc.ca	<h1 style="margin: 0;">Request for Authorization of Transcripts</h1>		
<p><i>Mail OR fax this form and attachments — Do NOT fax AND mail.</i></p>			
<p><b>Enter the following information from your referral form.</b></p>			
<b>Urgent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	Date of request (dd/mm/yyyy)	
<b>Client</b>	<b>Name</b>	<b>Lawyer</b>	<b>Name</b>
Case no.		Lawyer vendor no.	
Referral no.		Address	
Date of assignment (dd/mm/yyyy)			
Is your present referral  <input type="checkbox"/> Family <input type="checkbox"/> CFCSA <input type="checkbox"/> Immigration <input type="checkbox"/> Criminal <input type="checkbox"/> Other _____ <input type="checkbox"/> SCAP		City	Postal code
		Telephone	
		Fax	
<p><i>Please ensure that you have reviewed the <b>Transcript Section of the Disbursements for all Tariffs</b> for requirements and limitations.</i></p>			
<b>Details</b>	<b>Court location</b>	<b>Next court date (dd/mm/yyyy)</b>	<b>Date(s) of proceedings (dd/mm/yyyy)</b>
Type of proceeding		No. of copies required	
<input type="checkbox"/> 1 <sup>st</sup> party <input type="checkbox"/> 2 <sup>nd</sup> party		Length of proceeding (days/hours)	
Court level <input type="checkbox"/> Provincial <input type="checkbox"/> Supreme <input type="checkbox"/> Other _____			
Type of transcript required <input type="checkbox"/> Daily    1 day <input type="checkbox"/> Expedited    3 days <input type="checkbox"/> Ordinary    22 days <input type="checkbox"/> Delayed    22+ days		Please provide reasons for requiring transcripts. (Attach a brief summary if you require more space.)	
<b>Supreme Court Bail Reviews – has authorization been obtained from Appeals Section?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the court or another party ordered an additional copy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Criminal case</b>	List major charges:		
<b>Civil case</b>	Style of cause		
VS			
Are Extended Family Services authorized?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Exam. for discovery			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is room rental required?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are attendance fees required?			<input type="checkbox"/> Yes <input type="checkbox"/> No