



**Legal
Services
Society**

British Columbia
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Transcript Order Form

| | | | |
|--|---|---|---------------------------------|
| Contact person/Telephone number: | | Region: | |
| Transcription company: | | | |
| Order date: (dd/mm/yyyy) | Date of proceedings: (dd/mm/yyyy) | Length of proceedings (days): | Location of proceedings: |
| Action number: | Style of cause: | | Justice/Judge/Master: |
| Description of Orders: <input type="checkbox"/> Oral reasons for judgement <input type="checkbox"/> Rulings <input type="checkbox"/> Excerpt of proceedings at trial (provide description of excerpt) | | <input type="checkbox"/> Jury charges <input type="checkbox"/> Proceedings at trial (full day) <input type="checkbox"/> Reasons for sentence <input type="checkbox"/> Proceedings at sentence | |
| <input type="checkbox"/> Other: explain | | | |
| Type of service (when transcript is required): <input type="checkbox"/> Daily <input type="checkbox"/> Expedited (within 3 days) <input type="checkbox"/> Ordinary (within 22 days) <input type="checkbox"/> Delayed (over 22 days) | Type of proceedings: <input type="checkbox"/> Supreme <input type="checkbox"/> Provincial <input type="checkbox"/> Civil chambers <input type="checkbox"/> Criminal chambers <input type="checkbox"/> Preliminary hearings <input type="checkbox"/> Summary conviction appeal <input type="checkbox"/> Trial <input type="checkbox"/> Other _____ | Transcript format: <input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Appeal book format (for Court of Appeal) Number of copies required: <input type="checkbox"/> Original <input type="checkbox"/> Copies, how many? _____ <input type="checkbox"/> Bound <input type="checkbox"/> Unbound | |
| Deliver transcript to: | | Send bill to: Legal Services Society Tariff Department 400 – 510 Burrard Street Vancouver, BC V6C 3A8 | |