

CHEROKEE COUNTY - BLUE RIDGE JUDICIAL CIRCUIT

**CRIMINAL TRANSCRIPT REQUEST FORM**

**PLEASE NOTE:** ALL REQUESTS FOR CRIMINAL TRANSCRIPTS MUST BE  
SUBMITTED THROUGH THE COURT ADMINISTRATOR'S OFFICE AT:  
**CourtAdmin@brjc.net** or **90 North Street, Suite 250, Canton, GA 30114**

SUPERIOR                      STATE                      JUVENILE                      MAGISTRATE  
(Circle One)

STATE OF GEORGIA vs. \_\_\_\_\_

Case # \_\_\_\_\_ Date of Proceeding: \_\_\_\_\_ Type: \_\_\_\_\_  
(Trial/Motion/Plea, etc.)

Judge: \_\_\_\_\_ Court Reporter (if known) \_\_\_\_\_

Requested by: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
(Attorney or Party)

\_\_\_\_\_  
(Address)                      **\*\*Email Address:** \_\_\_\_\_

\_\_\_\_\_  
**APPOINTED                      or                      RETAINED**

Special Requests/Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Requestor)                      Date

**\*\*Email address is required as transcript will be delivered in electronic format**

\*\*\*\*\***COURT ADMINISTRATOR'S OFFICE USE ONLY**\*\*\*\*\*

**RECEIPT OF REQUEST FOR TRANSCRIPT**

Date Request Received: \_\_\_\_\_ Via: \_\_\_\_\_  
(Email/Fax/Hand Delivered, etc.)

By: \_\_\_\_\_ Court Reporter: \_\_\_\_\_  
(Initials/Name of Receptor)                      (Verified Name of Court Reporter)

Request Sent to Court Reporter via \_\_\_\_\_ on \_\_\_\_\_