



REQUEST FOR TRANSCRIPT

SUPERIOR COURT FAMILY COURT WORKERS' COMPENSATION COURT

Providence/Bristol County Kent County Washington County Newport County

Plaintiff/Petitioner	Case Number
v.	
Defendant/Respondent	

Requesting Party (Check One)

Attorney State of Rhode Island Agency Request Self-represented Litigant

	Appeals Only	Date(s) Heard	Name of Judicial Officer	Court Reporter
1	Entire Trial Proceedings, Excluding Jury Impaneling Where Applicable			
2	Motion for New Trial			
3	Sentencing			
4	Motion for Directed Verdict			
5	Other (Please Specify): _____ _____ _____ _____			

If the fee for the transcript is waived, please check the appropriate box:

- In Forma Pauperis (attach signed court order)
 Court appointed attorney (attach signed court order)



Please indicate where we can send you a Transcript Estimate, Transcript Invoice, and the transcript:

Mail to the address listed below:

Email to the following address: _____

Pick up at the clerk’s office

Supreme Court Appeal – Deliver to the Supreme Court Clerk

/s/ _____ Telephone Number _____
Name of Requesting Party

Address

Bar Number if Applicable

Date: _____

For State of Rhode Island Agency Requests Only

/s/ _____ RIFAN Account Number to be Charged _____
Name of Chief Financial Officer

Date: _____