



STATE OF RHODE ISLAND

REQUEST FOR AN APPEAL 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 (If Known)
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)



STATE OF RHODE ISLAND

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

- Mail to the address listed below:

- Email to the following address:

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- Pick up at the clerk's office

Once the appeal transcript is completed and payment is made, the appeal transcript will be docketed on the lower court case and will be accessible on the Rhode Island Judiciary Public Portal.

/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: _____