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| **Ordering Parties: Please complete sections 1 through 5. Section 6 is for completion by the ACT.** | | | | | | | | | | | | |
|  | **Case Information** | | | | | | | | | | | |
| **Name of Case** | | Click here to enter text. | | | |  | **Order Date** *(mm/dd/yyyy)* | | | | /  / |  |
| **Presiding Official** | | Click here to enter text. | | | |  | **Court File, Info or**  **Indictment #** | | |  | |  |
| Click here to enter text. | |
| **Court Location** | | Click here to enter text. | | **Courtroom #** | | | | Click here to enter text. |  |
| **Date(s) of Proceeding**  *(mm/dd/yyyy)* | | Click here to enter text. | | | | | | |  |
|  | |  | |  |  | | | | | | | |
| **Additional Details** | | Click here to enter text. | | | | | | | | | | |
| **Proceedings from** | | Ontario Court of Justice | Superior Court of Justice | | | | | | | | | |

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| **2.** | **Type of Proceeding *(Select a type of proceeding and choose from that item’s drop-down menu.)*** | | | | | | | | | | | | | | | | | | | |
| **Is the transcript for purposes of appeal?** | | | | | | | |  | | | | | | | |  | | | | |
| Yes (*Proceed to* ***Appeal*** *section**below*) | | | | | | | | | | No (*Enter the* ***Type of Proceeding*** *information**below*) | | | | | | | | | | |
| Criminal | | **Choose an item** | | | | | | | *YCJA* | | | | **Choose an item** | | | | Civil | | **Choose an item** | |
| Family | | **Choose an item** | | | | | Small Claims | | | | | | **Choose an item** | | | | Justice of the Peace Intake | | | |
| *POA* | | **Choose an item** | | | From an Appeal Court | | | | | | Heard In: | | | | Other  *Please specify* | | | Click here to enter text. | | |
| **Choose an item** | | | |
| Additional Details  *(as required)* | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| **Appeal To:** | | | Court of Appeal for Ontario  **Choose an item** | | | Divisional Court  **Choose an item** | | | | | | Superior Court  **Choose an item** | | Ontario Court  **Choose an item** | | | | | | Appeal #  Click here to enter text. |

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| **3.** | **Content to be Transcribed *(Select Complete Proceeding OR appropriate number of other items for portions.)*** | | | | | | | | | |
| **Complete Proceeding**  ***(Do not select if a portion of a proceeding is required.)*** | | | | | | **Note:** Most pre-trial motions and submissions are not transcribed unless specifically requested. However, some rules require that pre-trial motions and/or submissions be included for appeal transcripts. Refer to the Court Transcript Standards and Procedures manual for rules on inclusions/exclusions. If required, check the box below. | | | | |
| Include pre-trial motions and submissions ***(If for appeal attach order/consent if required)*** | | | | |
| **Excerpt of Proceeding** | | | | | | **Note:** When describing content to be transcribed, be precise and provide a definitive frame of reference including timeframe if applicable (timeframe example: “Commencement of court to morning recess”). | | | | |
| Details | Click here to enter text. | | | |
| **Evidence of Witness(es)** | | | | | Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| ***(Ensure each line used contains complete data i.e. Name and either All Evidence of Portion of Evidence)*** | | | | | Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
|  | | | | | Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| Additional Details | | Click here to enter text. | | | | | | | | |
| **Reasons for Judgment** | | | | | | | | | | |
| **Reasons for Sentence** | | | | | | | | | | |
| **Ruling(s)** | | | Details | Click here to enter text. | | | | | | |

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| **4.** | **Order Details** | | | | | | | |
| **NOTES:**   * If a transcript will be referenced in court, it is the responsibility of the ordering party who is referencing the transcript to provide a certified copy of the transcript to the presiding judicial official at no cost to the court. * Transcripts are paid at the regulated fee as set out in **O. Reg. 94/14 of the *Administration of Justice Act.*** * The ***# of Certified Copies***and ***Electronic Copy*** section below have been prefilled for administrative purposes only.   **INSTRUCTIONS:**   * To complete the transcript order, answer the following questions where required in the ***Additional Copy/Service Details*** section.   + - 1. What format is the certified transcript required in (certified electronic or certified printed)?          * If a certified printed transcript is required, how many copies?   Do you require the same transcript in electronic format (at no extra cost)?   * + - 1. Any additional instructions to the ACT. | | | | | | | | |
| **# of Certified Copies** | | 1 | **Electronic Copy** | |  | | **Enhanced Service:** | |
| **Date Transcript Required** | | | /  / | | |  | **Daily** (First Certified Copy Required within 24hrs) |  |
|  | | | *(mm /dd /yyyy)* |  | | | **Expedite** (First Certified Copy Required within Five Business Days) |  |
| **Additional Copy/Service Details:** | | | | | | | | |
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| **5.** | **Ordering Party Information *(Select the box that best describes your interest in the case being transcribed)*** | | | | | | | | | | | | | | | | | | | | | | |
| Legal Counsel | | | | Party to the Proceeding | | | | | Member of the public | | | | | | | Media | | | Other | | Click here to enter text. | | |
|  | | | | Federal Crown Attorney | | | | | Provincial Crown Attorney | | | | | | | | CLD Other | | | | Click here to enter text. | | |
| **Correctional Service Canada** | | | | | Federal Incarceration | | | | | | | Dangerous Offender | | | | | | | | | | | |
|  | | | | | Long-Term Offender | | | | | | | Parole Eligibility | | | | | | | | | | | |
| **Ordering Party Details** | | | | | | | |  | | | | | | | | |  | | | | | | |
| **Name** | |  | | | | | | | | | **Organization/Firm** | | | | | |  | | | | | |  |
|  | | *(Last Name, First Name)* | | | | | | | | |  | | | | | | *(If applicable)* | | | | | |  |
| **Address** | |  | | | | | | | | | | | **City** |  | | | | | | **Postal Code:** | |  |  |
| **Province** | |  | | | | **Country** |  | | | | | | | **Email** | | |  | | | | | |  |
| **Phone Numbers** | |  | | | | | | | | | | | |  | **Fax** | | | Click here to enter text. | | | | |  |
|  | | | *(Include all contact numbers)* | | | | | | |  | | | | |  | | | | | | | |

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| **6.** | **For Authorized Court Transcriptionist (ACT) Use Only** | | | | | | |
| **Please Note that this Transcript Order cannot be processed without the Transcriptionist’s Name and ACT ID.** | | | | | | | |
| **Name of Transcriptionist** | | Shirley Chang | | | **ACT ID** | 9508570505 |  |
|  | |  | | |  |  | |
| **Authorized Court Transcriptionist Undertaking:** | | | | | | | |
| I certify that I have signed an undertaking to the court for authorized access to digital court recordings and that the undertaking remains valid. I acknowledge and understand that the undertaking therefore applies to this request. | | | | | | | |
| **Date Section 6 Completed** | | | /  / |  | | | |
| *(mm /dd /yyyy)* | | | | |

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| **For all Transcript Orders the following information is mandatory:** | | | | |
| **Section 1** | Name of Case; Court Location; **Date(s) of Proceeding; Presiding Official** and/or **Courtroom #;** one selection from **Proceedings From**. |  | **Section 4** | The **Date Transcript Required** and the **Additional Copy/Service Details** section**.** |
| **Section 2** | Identify if the transcript is **for appeal** OR **not for appeal** purposes**.** Select only one **not for appeal** ORone **for appeal** itemAND its associated drop down item or text box. |  | **Section 5** | At least one **Ordering Party Type**, the **Ordering Party Name** and the **Ordering Party Contact Details** |
| **Section 3** | **Complete Proceeding** **OR** at least one **of the remaining items** with complete details for item(s) selected. |  | **Section 6** | Transcriptionist Name and ACT ID |