



REQUEST FOR TRANSCRIPT COST ESTIMATE

Transcription Services Fax: 945-5751 e-mail: tsu@gov.mb.ca
Phone: 945-0301 or 945-3026

Estimate No. _____

Date of Inquiry _____

PART 1: I am requesting an estimate of the cost of transcript(s) as noted below:

Court Hearing Particulars

Name of Accused or Title of Proceedings _____ Charge and/or court file number _____

Date of Hearing(s) to be transcribed: _____
Before Justice/Judge _____ Courtroom _____ Place of court _____

Paper Transcript:

SEE REVERSE SIDE FOR COURT OF APPEAL TRANSCRIPT REQUESTS

- Transcript (complete) _____ copies
- Reasons for Judgment _____ copies
- Reasons for Sentence _____ copies
- Transcript (excerpt) _____ copies

Electronic Transcript:

- Word format 3 1/2" disc CD
- ASCII format 3 1/2" disc CD
- Almost Paper format 3 1/2" disc CD
- E-mail _____ (address)

E-mail delivery is not available on Young Person or Child Protection matters

Type of Service:

- Regular (21 business days)
- Expedited ** (7 business days)
- Priority ** (3 business days)

_____ Date Required _____

Specify if excerpt: _____

Reason for Transcript

- Bail Application
- Trial
- Other (specify) _____

- Appeal Purposes
- Conviction
- Sentence

- To be heard in:
- Court of Appeal
 - Queen's Bench
 - Provincial Court

Requested by:

- Dept. of Justice MB (specify Branch name) _____
- Legal Aid (Cert. # _____)
- Legal Profession/Public/Other Government Departments

Name and/or Law Firm _____ Contact Person _____ Phone _____

Address _____ Fax number _____

PART 2: (Requestor to acknowledge receipt following acceptance of this estimate)

I confirm receipt of this estimate and acknowledge my financial obligation related to this request that transcripts now be produced: (See reverse for working details of estimate) I understand the actual pages of transcript may exceed those estimated and that should this occur, I will be contacted with a revised estimate. If I then decide not to proceed further with the transcript, I am to receive as many pages of transcript as have been prepared until the deposit paid has been equalled.

1. Estimated cost of the requested transcripts is \$ _____ plus GST of \$ _____ for a total of \$ _____.
2. Estimated transcript cost to be paid by certified cheque(s) or money order(s), payable to the Contractor named herein,

- (a) before transcript production commences, or
- (b) at the time transcripts are picked up at TSU.

For payments not received within 30 days of notification of completion, Interest will accrue at the rate of 1.5% per month (19.56% per annum)..

3. Transcript will be picked up within 30 days of notification of completion.
4. Cancellation of the transcript order is required in writing.
5. Cost of any portion of the transcript produced prior to cancellation is the responsibility of the requestor.

Date _____ Requestor's Signature _____

**** All Reasons for Judgment and/or Sentence must be reviewed by the presiding Judge prior to release; therefore, Transcription Services Unit cannot guarantee provision within the requested timeline. If this should occur, payment at the page rate for the requested service is your responsibility as the contractor will have provided the service within the timeline normally guaranteed.**

DEPOSIT RECEIVED FOR REGULAR / EXPEDITED / PRIORITY SERVICE \$ _____ DATE _____ REC'D BY _____

(Acknowledgement of Receipt of transcript _____ Date _____)

