

## TRANSCRIPT ORDER FORM

To order a copy of the transcript, please fill out this form in its entirety and return it to the Administrative Law Judge on the first day of hearing.

The transcript cost is \$2.35 per page. Upon completion, transcripts will be sent by mail directly from the transcription company to the party specified below.

You may cancel your transcript order within 7 working days following the last day of hearing. All inquiries, payments, and cancellations should be directed to Capitol Electronic Reporting, attention Wendy Dippold, 10100 Fair Oaks Blvd., Suite G, Fair Oaks, CA 95628; (916) 967-6811. Charges will not be rescinded, including due to settlement or withdrawal, for transcripts already prepared and/or received.

Case Name: \_\_\_\_\_ Case No.: \_\_\_\_\_

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1.\_\_\_\_ The undersigned hereby requests a copy of the entire transcript in the above entitled case at a cost of \$2.35 per page plus S&H fees.

**Additional:** The items below are in addition to the above-cost, available only to parties ordering transcripts. All transcripts are produced in Microsoft Word.

A.\_\_\_\_ The undersigned hereby requests the inclusion of a **CD** of each transcript at a cost of \$15.00 per hearing day.

B.\_\_\_\_ The undersigned hereby requests the inclusion of a **Diskette** of each transcript at a cost of \$15.00 per hearing day.

C.\_\_\_\_ The undersigned hereby requests the inclusion of an **E-mail** of each transcript at a cost of \$15.00 per hearing day. E- mail Address: \_\_\_\_\_

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Motions to correct alleged errors in the transcript must be filed with PERB within 20 calendar days from service of the transcript. Failure to file a timely motion will be deemed a waiver of objection to the accuracy of the transcript.

Further, the undersigned acknowledges that the transcription company reserves all copyrights and that no part of the transcripts may be reproduced, photocopied, e-mailed or transmitted in any form without the expressed permission of the transcription company.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_