

**TRANSCRIPT INVOICE FOR
NON-BILLABLE TRANSCRIPTS**JD-ES-350 Rev. 1-22
P.A. 21-104 § 42

STATE OF CONNECTICUT

SUPERIOR COURTwww.jud.ct.gov**Instructions**

- Complete this form for all non-billable transcripts.
- **Type or print** when filling out the form.
- Fill in the number of pages or copies.
- In cases with multiple docket numbers, please choose one docket number to represent the entire transcript.
- Only one case per invoice.
- In large cases with several volumes or dates, you may choose one date to represent the entire transcript or submit individual invoices for each hearing date.
- Each employee must certify that the information is accurate for the work performed by that employee.
- Send the completed form to Court Transcript Services.

Employee name _____

Transcripts ordered by (Name and title) _____

Case name		Docket number		
Hearing held before:	Judicial District	Hearing date	Date ordered	Date delivered

Number of Pages: _____

<input type="checkbox"/> Regular	<input type="checkbox"/> Fee waiver granted
<input type="checkbox"/> Standard Expedited	<input type="checkbox"/> Felony Sentencing Transcript
<input type="checkbox"/> Next Day Expedited	<input type="checkbox"/> Sex Offender Registry
<input type="checkbox"/> Next Morning Expedited	
<input type="checkbox"/> Original	<input type="checkbox"/> Copy

Employee certification	Date signed
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