State of Wisconsin Office of the State Public Defender FIS 501 – April 2024

STATE PUBLIC DEFENDER REQUEST FOR TRANSCRIPTS OF IN-COURT PROCEEDINGS

Case Caption:	
Court Reporter: Name: Street Address: City, State, Zip:	Court Case #: SPD File #: Additional SPD File #:
Phone:	
Send transcripts to: Requesting counsel Opposing counsel	Requesting Counsel: SPD Staff Private Bar Name: Street Address: City, State, Zip: Phone:
Case type: Pending circuit court case Appellate case	Opposing Counsel: Name: Street Address: City, State, Zip: Phone:
copy of the transcript. See Wis. Stat. § 801.	
Signed:	Date:
indicated above, provide a copy to the attorney, and file that you have already served the requesting attorney wit consider this to be a request for a copy. S. 967.06 has be	e named attorney requests that you prepare the transcript(s) of the proceeding(s) the original in the court record. Any filing of the original constitutes certification h a copy. s. 801.14(4). If the original transcript was previously prepared, please een amended to provide that the State Public Defender will pay for the original ate Public Defender has appointed counsel. Any mailing or delivery fee over \$5
SPD staff attorney or SPD private bar, must be submitted <u>Do not mail hard copies.</u>	circuit court cases and appellate cases, where the requesting counsel is either and electronically. An electronic copy or this request will be a required attachment. It invoices electronically at http://link.wispd.gov/transcriptsub . In all invoices to SPDFiscal@opd.wi.gov .
I certify that the attached invoice requests pay transcript complies with SCR 71.04 (8).	ment for the transcripts requested and no others, and that the
Signed:Court Reporter	Date:

A digital copy of this request form must accompany your invoice.