State of Wisconsin Office of the State Public Defender FIS 503 – April 2025

STATE PUBLIC DEFENDER REQUEST FOR DEPOSITION AND TRANSCRIPT

Deposition Date:	Time:	Location:
Case Caption:		
Court Reporter: Name:		Court Case #:
Street Address: City, State, Zip: Phone:		SPD File # : SPD Appointing Office:
Send transcripts to: Name: Street Address: City, State, Zip: Phone:		Shared Cost with Opposing Counsel: Yes No (If yes, complete info below): Opposing Counsel Name: Street Address: City, State, Zip: Phone:
Negotiated Rates: \$_ \$_	per page sitting fee	\$ per hour \$ mailing or delivery Attorney Type: SPD Staff Private Bar
Notes:	_	
I request that you tra	ınscribe then p	repare and transmit transcript of the deposition(s).
Signed:		Date:
	or SPD private bar, m	ending circuit court cases and appellate cases, where the requesting counsel is ust be submitted electronically. An electronic copy or this request will be a required
State-employed cou	urt reporters must s	ubmit invoices electronically at http://link.wispd.gov/transcriptsub . Pust email invoices to SPDFiscalUnit@opd.wi.gov .
I hereby certify that the a agreed upon rate and no		requests payment for the transcription services ordered at the
Signed:	Court Reporter	Date: