

CHEROKEE COUNTY - BLUE RIDGE JUDICIAL CIRCUIT  
**TRANSCRIPT REQUEST FORM**

**Please note:** All requests for transcripts must be submitted through the Court Admin Office at: [CourtAdmin@brjc.net](mailto:CourtAdmin@brjc.net) or 90 North Street Ste. 250, Canton, GA 30114.

(type of case)  
CRIMINAL  CIVIL   
(class of court)  
SUPERIOR  STATE  JUVENILE  MAGISTRATE

Name of Case: \_\_\_\_\_

Case # \_\_\_\_\_ Date of Proceeding: \_\_\_\_\_ Type: \_\_\_\_\_  
(trial / motion / plea, etc.)

Judge: \_\_\_\_\_ Court Reporter \_\_\_\_\_  
(if known)

Requested by: \_\_\_\_\_ Telephone: \_\_\_\_\_

*If this request is made by the attorney of a case:*

Name of Atty \_\_\_\_\_ APPOINTED  or RETAINED

**\*\*Email Address:** \_\_\_\_\_  
*Email address is required as transcript will be delivered in electronic format.*

Why do you need this transcript? \_\_\_\_\_

Do you need the entire transcript? \_\_\_\_\_  
If only partial transcript is requested, which part is needed? (ie: recitation of facts presented by DA, testimony of one party, sentence only, etc.)

\_\_\_\_\_  
(Signature of Requestor) Date

**\*\*\*COURT ADMINISTRATOR'S OFFICE USE ONLY\*\*\***

Request Received via \_\_\_\_\_ on \_\_\_\_\_  
(email/fax/hand delivered, etc.) (date) Initials: \_\_\_\_\_

Court Reporter: \_\_\_\_\_  
(Verified Name of Court Reporter)

Forwarded to reporter by email on \_\_\_\_\_  
(date)