



Muskegon County Probate Court

Request for Transcript Form

_____ File No: _____

Plaintiff, _____

Defendant, _____

OR, _____

In the Matter of _____

Requesting Party is: Plaintiff
Defendant
3rd Party

_____ Date: _____

Name of Requesting Party

I request a transcript of the _____ held on _____

(Type of Hearing)

_____, before Judge/Register _____

Date of Hearing Name of Judge/Register

TRANSCRIPT FEES

Minimum fee of \$50.00, plus .90 per-page copy

_____ **Statutory per-page rate:**(up to 30-day turnaround)\$4.65 per page (\$3.75 original, \$.90 copy)

_____ **Expedited per-page rate:** Additional fees will apply, as determined by transcriptionist.

*You will be contacted by the transcriptionist regarding estimated cost and how to make payment.

Signature of Requesting Party

Address of Requesting Party

Daytime Phone Number

Email Address