

INSTRUCTIONS

HOW TO REQUEST A TRANSCRIPT OF A DIGITAL RECORDING

PLEASE FOLLOW THE DIRECTIONS BELOW AND COMPLETE THE FORM ON THE REVERSE SIDE:

You must use **ONE** of the vendors on the State of New Jersey contract for Tape/Digital Recording Transcription, contract number A78934. Choose **ONE** vendor from below:

CRT Support Corporation
2082 Highway 35
P.O. Box 785
South Amboy, NJ 08879
732-721-3030

Scribe
6 David Drive
Ewing, NJ 08638
609-203-1871

State Shorthand
Reporting Service
212 Monmouth Rd
Oakhurst, NJ 07755
732-531-9500

The vendor will need the following information from the party requesting the transcript:

Name
Address
Phone number
Case name
OAL Docket Number
Name of Judge
Dates for which you are requesting a transcript
of copies needed

Please note a \$300.00 deposit is required for each day of hearing requested

You need to indicate whether you are requesting that the transcripts be provided by:

Normal delivery [within 15 business days of date contractor receives recordings from OAL]

Expedited delivery [within 72 business hours of date contractor receives recordings from OAL]

ADDITIONAL COST

Emergency delivery [within 24 business hours of date contractor receives recordings from OAL]

ADDITIONAL COST

Used for appeal [include Appellate Division Dkt. #]

Please send original request and check directly to the chosen vendor [ONLY ONE].

Send a COPY of the request to:

HEARING HELD TRENTON/ATLANTIC CITY:

OAL, Transcript Requests
P.O. Box 049
Trenton, NJ 08625-0049
or fax to 609-689-4100

HEARING HELD NEWARK:

OAL, Transcript Requests
33 Washington Street, 10th fl
Newark, NJ 07102
fax 973-648-6058

ORDER FORM ON REVERSE SIDE

Transcript Order Form

Please complete the following form to order a transcript:

I want to order a transcript from the following vendor [**CHOOSE ONE**]:

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2082 Highway 35
P.O. Box 785
South Amboy, NJ 08879
732-721-3030

Scribe
6 David Drive
Ewing, NJ 08638

609-203-1871

State Shorthand
Reporting Service
212 Monmouth Rd
Oakhurst, NJ 07755
732-531-9500

Name, Address, and Phone Number of party requesting transcript:

Case name _____

OAL Dkt. Number(s) _____

Judge: _____

Transcript dates: _____

of copies requested: _____

**NOTE: A \$300.00 deposit is required for each day of hearing requested-
check is payable to the vendor**

The request is [circle one]:

Normal delivery [within 15 business days of date contractor receives recordings from OAL]

Expedited delivery [within 72 business hours of date contractor receives recordings from OAL]

ADDITIONAL COST

Emergency delivery [within 24 business hours of date contractor receives recordings from OAL]

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