

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

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

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: HEARING HELD NEWARK:

OAL, Transcript Requests
P.O. Box 049
Trenton, NJ 08625-0049
or fax to 609-689-4074

OAL, Transcript Requests
33 Washington Street, 10th fl.
Newark, NJ 07102
fax 973-648-3178

Transcript Order Form

Please complete the following form to order a transcript:

I want to order a transcript from the following vendor [**circle one**]:

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

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**]:

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OAL]

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ADDITIONAL COST

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