

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

ANGELA E. NOBLE
CLERK OF COURT

APPEALS SECTION
305-523-5080



TO: COUNSEL OF RECORD/APPELLANT

DATE:

IN RE: District Court No: _____

Style: _____

ORDERING AND DESIGNATION OF REPORTER’S TRANSCRIPTS [Pursuant to FRAP 10(b)]

This will acknowledge the Notice of Appeal filed in the above case which has been transmitted to the Eleventh Circuit Court of Appeals in Atlanta, GA.

WITHIN FOURTEEN (14) DAYS from the date of the Notice of Appeal being filed, the appellant must complete the attached *Transcript Information Form (TIF)*, **REGARDLESS OF WHETHER TRANSCRIPTS ARE BEING ORDERED OR NOT**. The *TIF* must be completed and mailed to the District Court Clerk at 400 N. Miami Avenue, Room 8N09, Miami, FL 33128-7716, **ATTN: COURT REPORTER COORDINATOR** in the attached envelope.

COMPLETE THE SECTION REQUESTING TRANSCRIPTS ONLY WHEN REQUESTING TRANSCRIPTS OF HEARINGS WHICH TOOK PLACE IN THE DISTRICT COURT. Arrangements for payment must be made with the court reporter within ten (10) days of the request.

Counsel appointed pursuant to the Criminal Justice Act must complete a CJA 24, Authorization and Voucher for Payment of Transcript, attach it to this form and forward them to the **COURT REPORTER COORDINATOR** at the above mentioned address. These forms are available at the Intake Section of the Clerk’s Office.

If opposing counsel wishes to file a supplemental designation of a transcript, **you must file a motion to supplement the record with the Court of Appeals in Atlanta.** If granted, a supplemental *TIF* must be prepared and forwarded to the court reporter. The District Court **cannot** file a late designation without an order from the Court of Appeals. The court reporter **cannot** accept any further designations for the purpose of appeal other than the appellant’s original unless the Court of Appeals has granted permission.

The **CERTIFICATE OF READINESS OF THE RECORD ON APPEAL** will be transmitted upon the filing of the court reporter’s transcript or upon notice that a transcript will NOT be ordered.

If you have any questions, please contact the Court Reporter Coordinator at 305-523-5635.

Sincerely,
Angela E. Noble, Clerk of Court

By: _____
Deputy Clerk

attachment

400 North Miami Avenue Room 8N09 Miami, FL 33128-7716 305-523-5100	299 E. Broward Boulevard Ft. Lauderdale, FL 33301 954-769-5400	701 Clematis Street West Palm Beach, FL 33401 561-803-3400	301 Simonton Street, Rm 130 Key West, FL 33040 305-296-4947	300 South 6 th Street Ft. Pierce, FL 34950 561-595-9691
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PART I. TRANSCRIPT ORDER INFORMATION

Appellant to complete and file with the District Court Clerk and the Court of Appeals Clerk within 14 days of the filing of the notice of appeal in all cases, including those in which there was no hearing or for which no transcript is ordered.

Short Case Style: _____ vs _____
District Court No.: _____ Date Notice of Appeal Filed: _____ Court of Appeals No.: _____
(If Available)

CHOOSE ONE: No hearing No transcript is required for appeal purposes All necessary transcript(s) on file
 I AM ORDERING A TRANSCRIPT OF THE FOLLOWING PROCEEDINGS:

Check appropriate box(es) and provide all information requested:

- | | HEARING DATE(S) | JUDGE/MAGISTRATE | COURT REPORTER NAME(S) |
|--|-----------------|------------------|------------------------|
| <input type="checkbox"/> Pre-Trial Proceedings | _____ | _____ | _____ |
| <input type="checkbox"/> Trial | _____ | _____ | _____ |
| <input type="checkbox"/> Sentence | _____ | _____ | _____ |
| <input type="checkbox"/> Plea | _____ | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ | _____ |

METHOD OF PAYMENT:

- I CERTIFY THAT I HAVE CONTACTED THE COURT REPORTER(S) AND HAVE MADE SATISFACTORY ARRANGEMENTS WITH THE COURT REPORTER(S) FOR PAYING THE COST OF THE TRANSCRIPT.
- CRIMINAL JUSTICE ACT. My completed AUTH-24 requesting authorization for government payment of transcripts has been uploaded in eVoucher and is ready for submission to the magistrate judge or district judge [if appointed by the district court] or to the circuit judge [if ordered by or appointed by the circuit court]. [A transcript of the following proceedings will be provided ONLY IF SPECIFICALLY AUTHORIZED in Item 13 on the AUTH-24: Voir Dire; Opening and Closing Statements of Prosecution and Defense; Prosecution Rebuttal; Jury Instructions.]

Ordering Counsel/Party: _____
Name of Firm: _____
Address: _____
E-mail: _____ Phone No.: _____

I certify that I have completed and filed PART I with the District Court Clerk and the Court of Appeals Clerk, sent a copy to the appropriate Court Reporter(s) if ordering a transcript, and served all parties.

DATE: _____ SIGNED: _____ Attorney for: _____

PART II. COURT REPORTER ACKNOWLEDGMENT

Court Reporter to complete and file with the District Court Clerk within 14 days of receipt. The Court Reporter shall send a copy to the Court of Appeals Clerk and to all parties.

Date Transcript Order received: _____
 Satisfactory arrangements for paying the cost of the transcript were completed on: _____
 Satisfactory arrangements for paying the cost of the transcript have not been made.
No. of hearing days: _____ Estimated no. of transcript pages: _____ Estimated filing date: _____
DATE: _____ SIGNED: _____ Phone No.: _____

NOTE: The transcript is due to be filed within 30 days of the date satisfactory arrangements for paying the cost of the transcript were completed unless the Court Reporter obtains an extension of time to file the transcript. _____

PART III. NOTIFICATION THAT TRANSCRIPT HAS BEEN FILED IN DISTRICT COURT

Court Reporter to complete and file with the District Court Clerk on date of filing transcript in District Court. The Court Reporter shall send a copy to the Court of Appeals Clerk on the same date.

This is to certify that the transcript has been completed and filed with the district court on (date): _____

Actual No. of Volumes and Hearing Dates: _____

Date: _____ Signature of Court Reporter: _____

