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| **Ordering Parties: Please complete sections 1 through 5. Section 6 is for completion by the ACT.** |
| **ACT Terms of Acceptance for** CLD Transcript Order: Preliminary Hearing – Committed to Stand Trial in SCJ |
| By accepting this order for a transcript payable by Court Services Division, the Authorized Court Transcriptionist (ACT) agrees to the following terms:   1. This contract for court transcription services is with the ACT named on this transcript order form.  This transcript must be certified by the ACT named on this transcript order form and the invoice for payment must be received from and is payable to the ACT named on this transcript order form. 2. Transcripts are paid at the regulated fee as set out in O. Reg. 94/14 of the *Administration of Justice Act.* If this order requires the production of a first certified copy of a transcript the first certified copy fee will apply. **Enhanced Service Fees will not be paid by Court Services Division (CSD)**. Any additional costs must be arranged and agreed to with the ordering party prior to the ACT accepting the order. **Any additional costs agreed to are the full responsibility of the ordering party.** 3. Transcripts must comply with the ministry standards as set out in the Court Transcript Standards and Procedures Manual. 4. When an electronic copy is ordered at the time of a certified copy of a transcript, there is no charge for the electronic copy. Two electronic copies are always required (one for each certified copy at no charge). Court Services Division’s electronic copy must be provided in an accessible MSWord or Adobe PDF format. 5. One certified copy and one electronic copy of the transcript is to be delivered to the Crown. One certified copy and one electronic copy of the transcript, along with the invoice, are to be delivered to the Recording Management Co-ordinator (RMC) at the court office that provided the recording(s). 6. The invoice will be processed for payment upon receipt of the electronic copy\copies **and** the related hardcopy transcript(s) as set out in the transcript order (Section 4 below).  Use of the ministry Invoice for Transcript Services supports timely processing of payment. | |

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|  | **Case Information** | | | | | | | | | | | |
| **Name of Case** | | Click here to enter text. | | | |  | **Order Date** *(mm/dd/yyyy)* | | | | /  / |  |
| **Presiding Official** | | Click here to enter text. | | | |  | **Court File, Info or**  **Indictment #** | | |  | |  |
| Click here to enter text. | |
| **Court Location** | | Click here to enter text. | | **Courtroom #** | | | | Click here to enter text. |  |
| **Date(s) of Proceeding**  *(mm/dd/yyyy)* | | Click here to enter text. | | | | | | |  |
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| **Additional Details** | | Committed to stand trial – Superior Court of Justice | | | | | | | | | | |
| **Proceedings from** | | Ontario Court of Justice | Superior Court of Justice | | | | | | | | | |

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| **2.** | **Type of Proceeding *(Select a type of proceeding and choose from that item’s drop-down menu.)*** | | | | | | | | | | | | | | | | | | | |
| **Is the transcript for purposes of appeal?** | | | | | | | |  | | | | | | | |  | | | | |
| Yes (*Proceed to* ***Appeal*** *section**below*) | | | | | | | | | | No (*Enter the* ***Type of Proceeding*** *information**below*) | | | | | | | | | | |
| Criminal | | **Preliminary Inquiry/Hearing** | | | | | | | *YCJA* | | | | **Choose an item** | | | | Civil | | **Choose an item** | |
| Family | | **Choose an item** | | | | | Small Claims | | | | | | **Choose an item** | | | | Justice of the Peace Intake | | | |
| *POA* | | **Choose an item** | | | From an Appeal Court | | | | | | Heard In: | | | | Other  *Please specify* | | | Click here to enter text. | | |
| **Choose an item** | | | |
| Additional Details  *(as required)* | | | | Committed to stand trial – Superior Court of Justice | | | | | | | | | | | | | | | | |
| **Appeal To:** | | | Court of Appeal for Ontario  **Choose an item** | | | Divisional Court  **Choose an item** | | | | | | Superior Court  **Choose an item** | | Ontario Court  **Choose an item** | | | | | | Appeal #  Click here to enter text. |

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| **3.** | **Content to be Transcribed *(Select Complete Proceeding OR appropriate number of other items for portions.)*** | | | | | | | | | |
| **Complete Proceeding**  ***(Do not select if a portion of a proceeding is required.)*** | | | | | | **Note:** Most pre-trial motions and submissions of counsel are not transcribed unless specifically requested. For appeal purposes, an order of appellate court or written approval of all other parties is required to include these portions of the proceedings. | | | | |
| Include pre-trial motions and submissions of counsel ***(If for appeal purposes attach order/consent)*** | | | | |
| **Excerpt of Proceeding** | | | | | | **Note:** When describing content to be transcribed, be precise and provide a definitive frame of reference including timeframe if applicable (timeframe example: “Commencement of court to morning recess”). | | | | |
| Details | Click here to enter text. | | | |
| **Evidence of Witness(es)** | | | | | Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| ***(Ensure each line used contains complete data i.e. Name and either All Evidence of Portion of Evidence)*** | | | | | Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
|  | | | | | Name of Witness | | | Click here to enter text. | All Evidence | Portion of Evidence |
| Additional Details | | Click here to enter text. | | | | | | | | |
| **Reasons for Judgment** | | | | | | | | | | |
| **Reasons for Sentence** | | | | | | | | | | |
| **Ruling(s)** | | | Details | Click here to enter text. | | | | | | |

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| **4.** | **Order Details** | | | | | | | |
| **# of Certified Copies** | | 2 | **Electronic Copy** | |  | | **Enhanced Service:** | |
| **Date Transcript Required** | | | /  / | | |  | **Daily** (First Certified Copy Required within 24hrs) |  |
|  | | | *(mm /dd /yyyy)* |  | | | **Expedite** (First Certified Copy Required within Five Business Days) |  |
| **Additional Copy/Service Details:** | | | | | | | | |
| Copies Required: Two electronic copies required (one for each certified copy at no charge); Delivery: One certified copy and one electronic copy to the Crown; One certified copy and one electronic copy to the court office that provided the recording(s). | | | | | | | | |

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| **5.** | **Ordering Party Information *(Select the box that best describes your interest in the case being transcribed)*** | | | | | | | | | | | | | | | | | | | | | | |
| Legal Counsel | | | | Party to the Proceeding | | | | | Member of the public | | | | | | | Media | | | Other | | Click here to enter text. | | |
|  | | | | Federal Crown Attorney | | | | | Provincial Crown Attorney | | | | | | | | CLD Other | | | | Click here to enter text. | | |
| **Correctional Service Canada** | | | | | Federal Incarceration | | | | | | | Dangerous Offender | | | | | | | | | | | |
|  | | | | | Long-Term Offender | | | | | | | Parole Eligibility | | | | | | | | | | | |
| **Ordering Party Details** | | | | | | | |  | | | | | | | | |  | | | | | | |
| **Name** | | Click here to enter text. | | | | | | | | | **Organization/Firm** | | | | | | Click here to enter text. | | | | | |  |
|  | | *(Last Name, First Name)* | | | | | | | | |  | | | | | | *(If applicable)* | | | | | |  |
| **Address** | | Click here to enter text. | | | | | | | | | | | **City** | Click here to enter text. | | | | | | **Postal Code:** | | Click here to enter text. |  |
| **Province** | | Click here to enter text. | | | | **Country** | Click here to enter text. | | | | | | | **Email** | | | Click here to enter text. | | | | | |  |
| **Phone Numbers** | | Click here to enter text. | | | | | | | | | | | |  | **Fax** | | | Click here to enter text. | | | | |  |
|  | | | *(Include all contact numbers)* | | | | | | |  | | | | |  | | | | | | | |

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| **6.** | **For Authorized Court Transcriptionist (ACT) Use Only** | | | | | | |
| **Please Note that this Transcript Order cannot be processed without the Transcriptionist’s Name and ACT ID.** | | | | | | | |
| **Name of Transcriptionist** | | Barbara Marshall <barb@courttranscriptniagara.ca> | | | **ACT ID** | 5350030755 |  |
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| **Authorized Court Transcriptionist Undertaking:** | | | | | | | |
| I certify that I have signed an undertaking to the court for authorized access to digital court recordings and that the undertaking remains valid. I acknowledge and understand that the undertaking therefore applies to this request. | | | | | | | |
| **Date Section 6 Completed** | | | /  / |  | | | |
| *(mm /dd /yyyy)* | | | | |

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| **For all Transcript Orders the following information is mandatory:** | | | | |
| **Section 1** | Name of Case; **Date(s) of Proceeding; Presiding Official** and/or **Courtroom #;** one selection from **Proceedings From**. |  | **Section 4** | At least one of **# of Certified Copies** or **Electronic Copy** |
| **Section 2** | Identify if the transcript is **for appeal** OR **not for appeal** purposes**.** Select only one **not for appeal** ORone **for appeal** itemAND its associated drop down item or text box. |  | **Section 5** | At least one **Ordering Party Type**, the **Ordering Party Name** and the **Ordering Party Contact Details** |
| **Section 3** | **Complete Proceeding** **OR** at least one **of the remaining items** with complete details for item(s) selected. |  | **Section 6** | Transcriptionist Name and ACT ID |