



## APPLICATION FOR THE REPRODUCTION OF JUDICIAL HEARINGS

File No.

District

Amount of the advance

Stenographer

Copy

Audio CD

Computer CD

Date of application  
Year                      Month                      Day

Delivery

French  
 English  
 Bilingual

Transcription

Standard

4 pages/sheets

Clerk's comments

Family name and given name of client

Area code    Telephone

Address

Email

Name of parties

Date of hearing  
Year    Month    Day

Hearing room

Name of judge

Transcription/  
Copy

Details:

Full

Partial

Signature of client

Legal aid  
mandate number

**Ground(s) for the application to the judge**

Application  
authorized

Application  
dismissed

Signature of judge

Date    Year    Month    Day

**FOR COURT  
OFFICE USE**

Application received on

Year    Month    Day

By

Invoice No.

Copy or transcription required for

Amount

Copy completed on

Transcription completed on

CD

Minutes

Pages

Copy or transcription handed on