LunarScripts, LLC
Court & Bankruptcy Transcription

Natasha A. Muzquiz, CET
727 Neap Court
Crosby, TX 77532
(404) 823-1698
natasha@lunarscripts.com
www.lunarscripts.com

TRANSCRIPTION REQUEST FORM

Please complete one form per case and docket number, and email it with your recording (or a download link) to natasha@lunarscripts.com.

REQUESTED BY

Name: _____ Firm/Office: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Bar No.: _____

Deliver Transcript To (email, if different from above): _____

CASE INFORMATION

Case Name: _____

Docket No.: _____ Court: _____ Courtroom: _____

Type of Proceeding: _____ Judge: _____

Plaintiff/Prosecution Attorney: _____ Defense Attorney: _____

Witnesses/Speakers (helps with correct spellings): _____

RECORDING

Type: ☐ Court audio ☐ Body-worn/dash camera ☐ Interview/statement ☐ Other (MP3, WAV, etc.): _____

Date of Recording: _____ Start Time: _____ End Time: _____ Length: _____

Number of Files: _____ Sent By (email, download link, etc.): _____

Multiple dates, files, or cameras? List each one on page 2. If the court is sending the audio, please forward its confirmation email to me.

TRANSCRIPT OPTIONS

Date Needed: _____ **Interpreter:** ☐ Yes ☐ No Language(s): _____

Turnaround: ☐ 30 Day ☐ 14 Day ☐ 7 Day ☐ 3 Day* ☐ Next Day* ☐ Same Day*

Add: ☐ Condensed transcript (no charge)

Copies To (name and party): _____ No. of Copies: _____

*Transcripts are delivered as a certified PDF and Word Index by email. *Subject to availability.*

Special Instructions: _____

BILLING

Payment Source: ☐ Private pay ☐ Indigent ☐ Government agency ☐ Other: _____

Voucher No.: _____ Agency PO/Reference No.: _____

Documents attached: ☐ Funding approval ☐ Court order or proof of indigency

Private pay: a 50% deposit is required before work begins, and the balance is due before delivery.
Indigent and agency orders: please include your voucher, funding approval, or purchase order number with this form.

AUTHORIZATION

By signing, I request the transcript described above and agree to the payment terms for the payment source selected.

Signature: _____ Date: _____

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RECORDING SCHEDULE

Use this page when the request includes more than one date, file, or camera. List one recording per row, in the order you want it transcribed.

Case Name: _____ Docket No.: _____

#	File Name or Description	Date	Camera/Officer or Courtroom	Start Time	End Time	Length	Portion Needed or Notes
1							
2							
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Start and end times help when only part of a recording is needed, or when the court clock or video timestamp should be matched.
For body-worn camera footage, list each officer's camera as its own row. Attach additional pages if needed.