

# TRANSCRIPT INVOICE VOUCHER

## State of Illinois Court Reporting Services

**1. General Instructions (INFORMATION MUST BE TYPED)**

- a. Process invoice voucher in accordance with all regulations, policies and procedures or as required by statute or rule.
- b. Complete the invoice voucher by TYPING all information, verifying it to be correct and signing as transcriber.
- c. Distribution: ORIGINAL to Court Reporting Services, 325 W. Adams Street, Room 307, Springfield, IL 62704  
COPIES (optional) to: (1) Judge's Office, (2) Transcript Receipt Office, (3) Transcriber
- d. Payment of interest may be available if the State fails to comply with the State Prompt Payment Act 30 ILCS 540.
- e. No payment by the State of Illinois is authorized except as allowed by Illinois statute, Supreme Court Rule, or certain court orders.
- f. A court order, docketing sheet, or request from the State Appellate Defender must accompany ALL vouchers.

**2. Transcript Type Codes (check one)**

- 01 - Appeal, including juvenile, post-conviction and mental health appeals.
- 02 - Voir Dire (jury selection)
- 03 - Arraignment/Waiver/Sentencing
- 04 - Guilty Plea or Change of Plea
- 05 - Judgment and Sentencing
- 06 - Motion to Reconsider or Withdraw
- 07 - Other (specify hearing below)

Required: Other hearing type \_\_\_\_\_

**3. Transcriber's CSR or ID# (required)**

**4. Daytime Telephone No.**

**5. Transcriber's Name and Address  
Last Name, First Name MI**

**IOC USE ONLY**

6. Voucher Number

7. Approp. Code

0802-36065-1900-0000

8. DOC Code

**1266**

**9. Case and Transcript Information**

**a. Case Name**

People v. \_\_\_\_\_

or

In re: \_\_\_\_\_

**b. Case Number**

-  -

**c. If multiple defendants or case numbers, list all below:**

**d. Courthouse:** \_\_\_\_\_

**e. Judge Hearing Case:** \_\_\_\_\_

**f. Comments:**

**10. Hearing Date(s)**

**11. No. Of Pages  
Transcribed**

**12. Original  
\$3.00/page**

**13. Copy  
\$0.50/page**

**14. Total per  
Hearing**

**15. TOTALS**

**16. TRANSCRIBER'S CERTIFICATION**

I, \_\_\_\_\_, an individual authorized to produce transcripts for the Circuit Court of the \_\_\_\_\_ Judicial Circuit, do hereby certify that I have prepared the above transcript by the direction of the judge listed below and that I have not previously received payment for these services from the State of Illinois unless expressly authorized by rule, statute, law or court order. I am an independent contractor not subject to tax withholding.

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**17. TRANSCRIPT RECEIPT CERTIFICATION**

I, \_\_\_\_\_, an authorized receiving party of transcripts to be filed in the \_\_\_\_\_ Judicial Circuit, do hereby certify that the above transcript was filed in my office on the date of my signature below and that the information reported for payment is accurate.

Receiver's Signature \_\_\_\_\_ Office \_\_\_\_\_ Date \_\_\_\_\_

**18. JUDGE'S CERTIFICATION**

I, \_\_\_\_\_, Judge of the Circuit Court of the \_\_\_\_\_ Judicial Circuit, do hereby certify that the above transcript for the above case was prepared at my direction, or at the direction of the judge signing the attached order, and the costs at the rates listed above are legally chargeable to the State of Illinois.

Judge's Signature \_\_\_\_\_ Date \_\_\_\_\_