

12th CIRCUIT COURT REPORTER
(HOUGHTON, KEWEENAW, AND BARAGA COUNTIES)

TRANSCRIPT INQUIRY FORM

REQUESTOR'S NAME: _____

PHONE NUMBER: _____

EMAIL: _____

COURT and COUNTY: _____

PLAINTIFF: _____

VS.

DEFENDANT: _____

CASE NUMBER: _____

JUDGE: _____

DATE(S) OF HEARING/TRIAL: _____

APPEAL TO COURT OF APPEALS: ____ YES ____ NO

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