

## INSTRUCTIONS

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### HOW TO REQUEST A TRANSCRIPT OF A DIGITAL RECORDING

**PLEASE FOLLOW THE DIRECTIONS BELOW AND COMPLETE THE FORM ON THE REVERSE SIDE:**

You must use **ONE** of the vendors on the State of New Jersey contract for Tape/Digital Recording Transcription, contract number A78934.

Choose ONE vendor from below:

CRT Support Corporation  
2082 Highway 35  
P.O. Box 785  
South Amboy, NJ 08879  
732-721-3030

State Shorthand  
Reporting Service  
212 Monmouth Rd  
Oakhurst, NJ 07755  
732-531-9500

The vendor will need the following information from the party requesting the transcript:

Name  
Address  
Phone number  
Case name  
OAL Docket Number  
Name of Judge  
Dates for which you are requesting a transcript  
# of copies needed

**Please note a \$300.00 deposit is required for each day of hearing requested**

**Normal delivery** [within 15 business days of date contractor receives recordings from OAL]

**Expedited delivery** [within 72 business hours of date contractor receives recordings from OAL]

**ADDITIONAL COST**

**Emergency delivery** [within 24 business hours of date contractor receives recordings from OAL]

**ADDITIONAL COST**

**Used for appeal** [include Appellate Division Dkt. #]

**Please send original request and check directly to the chosen vendor [ONLY ONE].**

**Send a COPY of the request to:**

**HEARING HELD TRENTON/ATLANTIC CITY: HEARING HELD NEWARK:**

OAL, Transcript Requests  
P.O. Box 049  
Trenton, NJ 08625-0049  
or fax to 609-689-4100

OAL, Transcript Requests  
33 Washington Street, 10th fl.  
Newark, NJ 07102  
fax 973-648-6058

## Transcript Order Form

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Please complete the following form to order a transcript:

I want to order a transcript from the following vendor [**circle one**]:

CRT Support Corporation  
2082 Highway 35  
P.O. Box 785  
South Amboy, NJ 08879  
732-721-3030

State Shorthand  
Reporting Service  
212 Monmouth Rd  
Oakhurst, NJ 07755  
732-531-9500

Name, Address, and Phone Number of party requesting transcript:

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Case name \_\_\_\_\_

OAL  
Dkt. Number(s) \_\_\_\_\_

Judge: \_\_\_\_\_

Transcript dates: \_\_\_\_\_

# of copies requested: \_\_\_\_\_

**NOTE: A \$300.00 deposit is required for each day of hearing requested-  
check is payable to the vendor**

The request is [**circle one**]:

**Normal delivery [within 15 business days of date contractor receives recordings from  
OAL]**

**Expedited delivery [within 72 business hours of date contractor receives recordings  
from OAL]**

**ADDITIONAL COST**

**Emergency delivery [within 24 business hours of date contractor receives recordings  
from OAL]**

**ADDITIONAL COST**

**Used for appeal [include Appellate Division Dkt. #]**

**Please send original request & check directly to chosen vendor [ONLY ONE].  
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P.O. Box 049  
Trenton, NJ 08625-0049  
or fax to 609-689-4100**

**OAL, Transcript Requests  
33 Washington Street, 10th fl.  
Newark, NJ 07102  
fax 973-648-605**