

SUPPLEMENTAL REQUEST FOR SUBSTITUTE COURT REPORTER

Please complete this form when a substitute is needed for multiple days.

(Email the completed form(s) to courtreporter@arcourts.gov)

Assignment Details

Date: _____ Circuit: _____ County: _____

Start Time: _____ Expected End Time: _____

Please indicate the type of matters to be heard:

- | | | |
|---|---|---|
| <input type="checkbox"/> Civil | <input type="checkbox"/> Criminal | <input type="checkbox"/> Domestic Relations |
| <input type="checkbox"/> Motions / Hearings | <input type="checkbox"/> Plea and Arraignment | |
| <input type="checkbox"/> Jury Trial | <input type="checkbox"/> Motions / Hearings | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Bench Trial | <input type="checkbox"/> Jury Trial | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Bench Trial | <input type="checkbox"/> Juvenile |

Location of Courtroom

Name of Building: _____ Floor / Room Number: _____

Street Address: _____

City: _____

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