

**INITIAL REQUEST FOR SUBSTITUTE COURT REPORTER**

The supplemental request form should also be completed if a substitute is needed for multiple days.  
(Please email the completed form(s) to [courtreporter@arcourts.gov](mailto:courtreporter@arcourts.gov))

**Designated Court Contact**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Request for Coverage**

Name of Official Court Reporter: \_\_\_\_\_  
Name of Circuit Judge: \_\_\_\_\_

**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           |

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_

**Location of Courtroom**

Name of Building: \_\_\_\_\_ Floor / Room Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_

**Designated Contact for Record / Exhibit Retention**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_