

**PUBLIC DEFENSE PROVIDER'S FEE STATEMENT FOR TRANSCRIPTS ON APPEAL**

**1. CASE INFORMATION**

Trial Court Location \_\_\_\_\_ Trial Court Case Number(s) \_\_\_\_\_

Case Name \_\_\_\_\_ Appellate Court Case Number(s) \_\_\_\_\_

Trial Court Case Type \_\_\_\_\_ Date Notice of Appeal Filed \_\_\_\_\_

**2. DESIGNATION OF RECORD (This include audio recordings entered into evidence and jury polling.)**

The guilty plea hearing held on or about \_\_\_\_\_.

The sentencing proceedings held on or about \_\_\_\_\_.

**3. PROVIDER INFORMATION**

Provider's Name \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**3. EXPENSE INFORMATION**

Code	Description	Number of Pages	Rate	Amount Billed	PDSC Use Only
4614	Transcription		\$3.00		

**NOTICE: The transcript must be indexed and consecutively paginated (starting with page 1 and increasing in number to the last page of the transcript), even when the transcript must be broken in to separate PDF files. ORAP 3.35(1)(f), (2)(d).**

I certify that the information above is true. I have not received and will not accept direct or indirect compensation for these services other than as approved by PDSC or authorized by contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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