APPLICANT/ATTORNEY: (Name, state bar number, and address)	Original to File: FOR COURT USE ONLY Copies to: Applicant County Counsel Reporter(s)
TELEPHONE NO: E-MAIL ADDRESS ( <i>Optional</i> ): ATTORNEY FOR ( <i>Name</i> ):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES COURTHOUSE ADDRESS:	
CASE NAME:	
REQUEST FOR SPECIAL TRANSCRIPT AND ORDER	CASE NUMBER:
I, hereby request the co	
(Applicant/ Los Angeles County/Los Angeles Superior Court) of the (Type of Hearing: Dete	ention, Adjudication, etc.)
in Departmentof the Superior Court, Juvenile Division, Jud	ge 🗌 Commissioner 🔲 Referee,
The request is made for the following reason(s):	
☐ The applicant further requests that a transcript be prepared in an expedite Justification:	•
Date Signature of Applicant	Relationship to Minor
ORDER	
IT IS HEREBY ORDERED that Court Reporter	
copies of the transcript of the hearing	
Department of the Superior Court, Juvenile Division,  Judge  Costs of said transcript	commissioner
Other: and distributed to the following pa	irties:
2. Copy to Applicant5	
The Court orders that the transcript be completed by:(Insert Date)	at 🗌 expedited 🗌 regular rates.
(	

Date:	
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Judicial Officer of the Juvenile Court