



TENTH JUDICIAL CIRCUIT COURT
Contracted (Independent Contractor)
Court Approved Transcriptionist
Application

Name:		
Mailing Address:		
County:		
Telephone:		
Office:	Residence:	Cell:
Place of Employment:		
Address:		
Which address for Mail? (Circle One) Home Office		
E-mail Address:		
Describe transcription training you have taken:		
Current Certifications/Designations:		
Transcript Experience:	Years:	Months:
Type of Experience (Court, Medical, Other):		

For Court Experience, please complete the following:

NAME OF COURT	DATES OF EMPLOYMENT	TYPE OF PROCEEDINGS TRANSCRIBED <i>(Please be specific i.e. juvenile, civil, criminal, family, etc.)</i>

Transcript Production Method:

Describe your ability to produce expedited transcripts:

Please list the brand of software/equipment you use to produce transcripts (i.e. Case CATalyst, ProSpecCAT, MS Word, Word Perfect):

What is your normal turn-around time for producing transcripts once a request for same is received for a one hour hearing?

Are you familiar with Florida Rule of Court 2.535(f) regarding court transcripts?

APPLICANT SIGNATURE **DATE**

Mail

- (1) This application form
- (2) Copies of all professional certificates
- (3) Transcriptionist Confidentiality Agreement

To:
Administrative Services Department
Tenth Judicial Circuit
PO Box 9000, Drawer J-150
Bartow, FL 33831
jnelson@jud10.flcourts.org

Upon receipt of the application materials, you will be mailed a CD of a digitally recorded hearing from which to prepare a sample transcript for review.

10th Judicial Circuit Use Only:

Date Application Received: _____

Date CD Packet Mailed: _____

Date Approved _____

Approved by: _____

Title: _____

Signature: _____