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| Audio Recording Request |
| This form IS NOT to be used when requesting a transcript in connection with a Petition to Review. |
| Today’s Date: |  |  | Case No: |  |  |
| Case Name: |  | Party Making Request: |  |  |
| Date of Hearing: |  |  | Location of Hearing: |  |  |
| Is this a Worker’s Compensation Hearing? |[ ]  Yes |[ ]  No | Courtroom (if applicable): |  |  |
| Time Hearing Started: |  |  | Time Hearing Ended: |  | Judge: |  |  |
|  |
| **Requests for written transcripts will be forwarded to an outside transcription service for preparation. If requesting a transcript, you must provide the name and address of the transcriptionist or court reporter to whom OAC will send a copy of the recording.** |
|  |
| I am requesting a copy of: |[ ]  Recording of the hearing only. (audio link to be provided). |
|  |[ ]  Written transcript of the hearing only. Name and address of transcriptionist attached. |
|  |[ ]  Both the recording and written transcript of the hearing. Name and address of transcriptionist attached. |
|  |
| By signing this request, I acknowledge that the filing of this form with the Office of Administrative Courts **does not** constitute filing an appeal of this case. I further acknowledge that if this request is in conjunction with a Worker’s Compensation Petition to Review or other form of Appeal that additional filing requirements may need to be met pursuant to any and all applicable rules of the agency/department involved. |
| **X** |  |  |  |  |
|  | Signature  |  | Attorney Registration Number  |  |
| First Name |  | Last Name: |  | Middle Initial |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone  |  |  |
| E-mail |  |  |
|  |
| I hereby certify that I mailed or delivered the original of the Audio Recording Request to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.): |
| First Name |  | Last Name: |  | Middle Initial |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone  |  |  |
| E-mail |  |  |
|  |
| Signature |  | Date Mailed |  |  |
|  |  |  |  | REV 4/24 |