

COMMONWEALTH OF MASSACHUSETTS

_____, ss

DEPARTMENT OF THE TRIAL COURT

COURT DIVISION

No. _____

Plaintiff(s)

VS.

**M.R.A.P. Rule 8
Transcript of Tapes**

Defendant(s)

**ADVANCED COURT REPORTING
P.O. BOX 181
COHASSET, MA 02025
ATTN: DARCY SCHRAMN**

Dear Ms. Schramn:

Pursuant to Massachusetts Rules of Appellate Procedures Rule 8, an original plus ____ copies of the transcript of the proceedings are hereby ordered from the enclosed tapes.

- Please bill me directly.
- Please bill the Trial Court. I have attached the approved Motion for Costs.

I have filled out the following information which will help in the transcription of these court tapes:

Justice: _____
 Asst. Clerk: _____
 Attorney for _____ : _____
 Attorney for _____ : _____
 Attorney for _____ : _____
 Witnesses: _____

Respectfully,

Address:

Telephone: _____
Attorney(s) for: _____

Forms available at: