

# BACP TRANSCRIPT REQUEST

## INSTRUCTIONS

1. Submit a completed transcript request form to [BACP-Prosecutions@CityofChicago.org](mailto:BACP-Prosecutions@CityofChicago.org).
2. Contact the transcription service below for prepayment arrangement and ask the service to notify BACP.
3. BACP will forward a copy of the digitized recording to the transcription service upon notification by the service.

Case Name: \_\_\_\_\_ v. \_\_\_\_\_

Case Number: \_\_\_\_\_

Hearing Date Requested: \_\_\_\_\_ Witness 1: \_\_\_\_\_

Hearing Date Requested: \_\_\_\_\_ Witness 2: \_\_\_\_\_

Hearing Date Requested: \_\_\_\_\_ Witness 3: \_\_\_\_\_

Hearing Date Requested: \_\_\_\_\_ Witness 4: \_\_\_\_\_

## REQUESTOR INFORMATION

Requester: \_\_\_\_\_ Standard 10 business days: **yes**  **no**

Firm: \_\_\_\_\_ Expedited: **yes**  **no**  Due date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

E-mail delivery: **yes**  **no**  Hard copy: **yes**  **no**

Requester signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To order a transcript, please contact:**

Veritext Legal Solutions  
(312) 442-9087  
[cs-midwest@veritext.com](mailto:cs-midwest@veritext.com)



Form Provided by:  
**City of Chicago**  
Department of Business Affairs and Consumer Protection  
[cityofchicago.org/bacp](http://cityofchicago.org/bacp)

