

**IN THE COURT OF COMMON PLEAS**  
**Domestic Relations Division**  
**MONTGOMERY COUNTY, OHIO**

_____	:	Case No. _____
Plaintiff/Petitioner 1	:	
_____	:	
Street Address	:	
_____	:	Judge _____
City, State and Zip Code	:	
_____	:	
vs./and	:	Magistrate _____
_____	:	
Defendant/Petitioner 2	:	
_____	:	
Street Address	:	<b>PRAECIPE FOR TRANSCRIPT</b>
_____	:	
City, State and Zip Code	:	

**REQUEST:**

Now comes, \_\_\_\_\_, (your name) requesting a transcript to be filed along with  
 Objections to Magistrate Decision or  Motion to Set Aside (select one).

**HEARING:**

The transcript should be prepared for the hearing before Judge/Magistrate \_\_\_\_\_  
on \_\_\_\_\_ (date of hearing) at \_\_\_\_\_ a.m. / p.m. (time of hearing).

**PAYMENT:**

I understand that I am responsible for the cost of the transcript. I understand that the Court Reporter is able to give me an **estimate** prior to completion of the transcript. It is my responsibility to contact the Court Reporter to obtain an estimate and make arrangements for payment, including paying a deposit on the requested transcript. I will contact the Court to speak with the Court Reporter WITHIN 14 DAYS of the time stamped date of this Praeceptum in order to fulfill these provisions.

**NOTICES:**

If a transcript is not prepared (or if a transcript is requested but NOT PAID FOR), it will not be filed and cannot be considered for objections or a motion to set aside. The Court will then accept as true the Magistrate’s findings of facts when ruling on the objections or motion to set aside.

If you wish to supplement your objections, you must state your intent IN WRITING in your objections. You will have 14 days after the filing of the transcript to file any supplemental objections.

**Please review Montgomery County Local Rule 4.44 and Local Rule 4.45 for additional information regarding the filing of transcripts and requesting and filing supplemental objections.**

Respectfully Submitted,

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (This document MUST be signed)

CC: Linda Zell, RPR  
Official Court Reporter