

**UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT**

**CIVIL APPEAL TRANSCRIPT INFORMATION (FORM D-P)
FOR PRO SE APPELLANTS**

A PRO SE APPELLANT MUST FILE THE ORIGINAL OF THIS FORM WITH THE CLERK OF THE SECOND CIRCUIT IN ALL CIVIL APPEALS WITHIN 14 CALENDAR DAYS AFTER FILING A NOTICE OF APPEAL.

THIS SECTION MUST BE COMPLETED BY COUNSEL FOR APPELLANT		
CASE TITLE	DISTRICT	DOCKET NUMBER
	JUDGE	APPELLANT
	COURT REPORTER	PRO SE APPELLANT

Check the applicable provision: <input type="checkbox"/> I am ordering a transcript. <input type="checkbox"/> I am not ordering a transcript Reason for not ordering a transcript: <input type="checkbox"/> Copy is already available <input type="checkbox"/> No transcribed proceedings <input type="checkbox"/> Other (Specify in the space below):	PROVIDE A DESCRIPTION, INCLUDING DATES, OF THE PROCEEDINGS FOR WHICH A TRANSCRIPT IS REQUIRED (<i>i.e.</i> , oral argument, order from the bench, etc.) METHOD OF PAYMENT <input type="checkbox"/> Funds <input type="checkbox"/> CJA Voucher (CJA 21)
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INSTRUCTIONS TO COURT REPORTER: <input type="checkbox"/> PREPARE TRANSCRIPT OF PRE-TRIAL PROCEEDINGS <input type="checkbox"/> PREPARE TRANSCRIPT OF TRIAL <input type="checkbox"/> PREPARE TRANSCRIPT OF OTHER POST-TRIAL PROCEEDINGS <input type="checkbox"/> OTHER (Specify in the space below):	DELIVER TRANSCRIPT TO: (COUNSEL'S NAME, ADDRESS, TELEPHONE)
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I certify that I have made satisfactory arrangements with the court reporter for payment of the cost of the transcript. See FRAP 10(b). I understand that unless I have already ordered the transcript, I shall order its preparation at the time required by FRAP and the Local Rules.

PRO SE APPELLANT'S SIGNATURE	DATE
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COURT REPORTER ACKNOWLEDGMENT: This section is to be completed by the court reporter. Return one copy to the Clerk of the Second Circuit.

DATE ORDER RECEIVED	ESTIMATED COMPLETION DATE	ESTIMATED NUMBER OF PAGES
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SIGNATURE OF COURT REPORTER	DATE
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