

**DUE PROCESS HEARINGS -
- PETITIONER ORDER FORM**

Case Name(s): _____

Case Number(s): _____ Hearing Date(s): _____ County: _____

Presiding Judge: _____ I represent: _____

- As Petitioner(s), I (we) hereby request a copy of the transcript of the above hearing. I understand that the Exceptional Children Division of the North Carolina Department of Public Instruction will bear the cost of the court reporter's fees and/or transcript for a due process hearing on the merits, a summary judgment hearing, or a dismissal hearing. I further understand that the Exceptional Children Division will not pay for expedited transcripts without prior approval from the Exceptional Children Director.

TRANSCRIPT SUPPLEMENTS AND ELECTRONIC COPIES

The following supplementary items are available along with a transcript order at no extra charge to the Exceptional Children's Division of the Department of Public Instruction or Petitioner(s).

- Electronic copy of transcript attached to an e-mail. The following formats are available.
 Check one or more:
_____ WordPerfect (.wpd)† _____ .prn file (ASCII)† _____ .pdf file

Additional services for which DPI will not be responsible for payment:

- A full-size paper copy of the transcript (additional \$0.15 per page) is available upon request.
 e-Transcript™ by RealLegal® (.ptx) available at \$30 per file, delivered by e-mail
 Expedited Rates (available by calling 919.548.4914 or by e-mailing wanda@mywordservices.com)

†Electronic word processing files (.wpd, .prn/ASCII) sent from our office match the original OAH official electronic transcripts. Different computer settings, templates, and the default printer driver on your local computer can cause differences in line numbering and page flow when the files are viewed or printed. WordServices, Inc., is not responsible for variables on your computer which may cause these differences. Therefore, word processing files displayed on or printed from your computer should be checked against your paper copy of the official transcript or the .pdf format version filed with OAH to ensure a match. By signing below for your copy order, you also acknowledge you have read and understand this paragraph if you have requested a WordPerfect or .prn/ASCII file.

Signature of Petitioner(s) Date Printed name (s) Date

Please provide all of the following information for transcript mailing and contact purposes. If you have an attorney and you wish him/her to receive your copy of the completed transcript on your behalf, please provide the court reporter with the attorney's business card or provide the attorney's complete contact information below in lieu of your own contact information.

Name

Mailing address

City/State/Zip

(____) _____ (____) _____

Telephone number Fax number E-mail address