APPEAL CD ORDER FORM

TO: Pacific County Superior Court
300 Memorial Drive / PO Box 67
South Bend, WA 98586
360-875-9328
Court Administrator

Court Administrator	
Ord	er Date:
SOA	A Due Date:
RP I	Due Date:
	A Case Number:
	ific County Cause No.:
Case Name:	
Charges:	
	Phone:
Email:	
Indigency Order Signed On:	By: gned Superior Court Judge
Date order sig	ned Superior Court Judge
PROCEEDING TYPE	PROCEEDING DATE/TIME
examination or opening statements, unless so ordered must file with the appellate court and serve on all patranscriber a statement that arrangements have bee	of proceedings provided at public expense will not include the voir dire d by the trial court. <i>Pursuant to RAP 9.2(a), the party seeking review rties of record and all named court reporters or the court-approved in made to prepare a verbatim report of the proceedings and file proof of preparing the transcript; b) the hearing dates; c) payment arrangement andge.</i>
Please select a T	ranscriber from the list below
[] Amy Brittingham [] Jo Jac	kson [] Marjorie Jackson [] Melissa Firth

Please send this form along with two (2) copies of the SOA to the Court Administrator for processing. The CD, Clerk's minutes, and one copy of the SOA will be sent directly to the court approved transcriber.