

Barbara Miner
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## **Court Approved Transcriptionist Report Sheet**

Date:	
Transcribers Name:	
Cause Number:	
Cause Number.	
Case Caption:	
Date of hearing:	Hearing Time:
Courtroom:	Judge/Comm:
Please use this form to report on the quality of the recording and the amount of "inaudible" entries in the transcript of the proceedings.	
Quality of Recording	Explanation
Technical Issues	Explanation
INAUDIBLE	
Frequency	Reason
•	
Magnitude	Reason

Return this completed form to: **Department of Judicial Administration, Attn: Laurie Bell, 516 Third Avenue, Rm. E609, Seattle, WA, 98104 or by e-mail:** <u>Laurie.Bell@kingcounty.gov</u>