

**AFFIDAVIT REQUESTING COURT-APPROVED TRANSCRIBER STATUS  
FOR ELECTRONICALLY RECORDED PROCEEDINGS  
(GR 35; LCR 80(d)(4))**

TRANSCRIBER NAME: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington the following statements are true and correct:

I am a currently certified court reporter in the State of Washington, verification attached;

and/or

I am a currently certified transcriber by AAERT, copy of certification attached.

I am the owner, president or managing partner of the above listed company providing transcription services. I understand that any and all employees listed by me will submit their own affidavit and proof of current court reporter certificate in the State of Washington or current transcriber certification by AAERT. The names of said employees are listed on page 2 of this document.

I have submitted a current General Order authorizing access to sealed court records.

I possess the necessary transcription devices and software to be compatible with recordings received for transcription to produce as accurate and detailed verbatim transcript(s) as is possible given the quality of the recorded proceeding(s). The equipment permits review, sound enhancement, and other actions needed to produce a high quality transcript with minimal errors and inaudibles.

I agree to accept an equitable share of video, audiotape or digitally recorded transcription assignments from the Clerk for which payment is fixed by State statute or regulation, understanding such assignments are to be shared among all certified transcribers.

I have attached a current Services and Charges for Transcription form for rates I charge for producing transcripts. I will not charge more than those rates as published with the Clerk for any party referred from the Clerk, and my rates will be no higher than those fixed in accordance with costs as allowed in cost bills in civil cases by the Supreme Court of the State of Washington. I will provide the Court Recording Program Manager with an updated form whenever I change them.

I will adhere to all requirements and procedures set by the Clerk to assure the confidentiality of sealed or confidential court records and to assure the integrity and proper care of the recorded record of proceedings.

I will report to the Court Recording Program Manager, via Transcriber Technical Issue Report, any technical or other difficulties in the electronic record of proceedings provided by the Clerk observed in the course of transcription that may prevent or delay preparation of an accurate, complete official court transcript. The Transcriber Technical Issue Report form shall include an explanation of the frequency, magnitude, and, if known, causes of "inaudible" notations within the electronic record of proceedings.

I will prepare verbatim transcripts in accordance with the Rules of Appellate Procedure (RAP) in a timely fashion as required.

I will submit oral decisions to the Judge for correction prior to delivery of a final copy and will also provide the Judge with a final copy of such transcription pursuant to LCR 80. I will make any corrections identified by the judge and obtain approval prior to submitting for filing or transmittal to the Court of Appeals or Supreme Court.

Even though I may employ others to assist me in the production of transcripts, I will remain solely and completely responsible for them and for the final transcript.

I will not decline a job without good cause and in no event will I decline more than two (2) assignments in a calendar year. I understand that doing so may result in suspension from the list of approved transcribers. When declining to accept a job I will notify the Court Recording Program Manager promptly in writing and include the reason(s) for my response.

I will notify the Court Recording Program Manager of any changes in the above information as soon as they may occur.

LIST OF EMPLOYEES QUALIFIED AS TRANSCRIBERS:

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(Signature)

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(Date and Place)



State of Washington

County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
(name of person) is the person who appeared before me, and said person  
acknowledged that (he/she) signed this instrument and acknowledged it to be  
(his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

(Seal or Stamp)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

My Appointment Expires:  
\_\_\_\_\_