## UNITED STATES BANKRUPTCY COURT DISTRICT OF UTAH

## TRANSCRIPTIONIST APPLICATION

This application is for transcriptionist of digital court recordings using the Liberty Recording system. A computer system is required. Additional information may be obtained from the Liberty website at <a href="https://www.libertyrecording.com">https://www.libertyrecording.com</a>. Playback software may be obtained from the Liberty website at <a href="https://www.libertyrecording.com/Player\_Main.htm#LCRPlayer">https://www.libertyrecording.com/Player\_Main.htm#LCRPlayer</a>. Transcriptionists are not employed or contracted by the Court. The Court will coordinate transcript requests between parties and transcriptionists. Fee arrangements are to be made between the parties and transcriptionists. Fees charged must comply with the fee schedule as set forth by the Judicial Conference. Copies of transcript invoices are to be sent to the Court for monitoring purposes. Transcription services are to be performed pursuant to the Guide to Judiciary Policies and Procedures, Volume 6, which can be found at <a href="https://www.uscourts.gov/rules-policies/judiciary-policies/court-reporting-guidance">https://www.uscourts.gov/rules-policies/judiciary-policies/court-reporting-guidance</a>.

| Name:  |                 |                                  |
|--|-----------------|----------------------------------|
| Firm Name:   |                 |                                  |
| Address:   |                 |                                  |
| Business Telephone Number:   |                 |                                  |
| Home Telephone Number:   |                 |                                  |
| Mobile Telephone Number:   |                 |                                  |
| Number of years in court transcript  | ion business:   |                                  |
| List the courts, administrative agen<br>provided transcript services for the |                 | eporter firms for which you have |
| Name:  | Contact:        | Phone:                           |
| Name:  | Contact:        | Phone:                           |
| Name:  | Contact:        | Phone:                           |
| Attach a copy of any type of certific  | cation/license. |                                  |
|  | Signature:      |                                  |

Date: \_\_\_\_\_