UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

CIVIL APPEAL TRANSCRIPT INFORMATION (FORM D)

NOTICE TO COUNSEL: COUNSEL FOR THE APPELLANT MUST FILE THIS FORM WITH THE CLERK OF THE SECOND CIRCUIT IN ALL CIVIL APPEALS WITHIN 14 CALENDAR DAYS AFTER FILING A NOTICE OF APPEAL.

THIS SECTION MUST BE COMPLETED BY COUNSEL FOR APPELLANT		
CASE TITLE	**DISTRICT**	**DOCKET NUMBER**
	JUDGE	**APPELLANT**
	COURT REPORTER	**COUNSEL FOR APPELLANT**

Check the applicable provision: ☐ **I am ordering a transcript.** ☐ **I am not ordering a transcript** **Reason for not ordering a transcript:** ☐ **Copy is already available** ☐ **No transcribed proceedings** ☐ **Other** (Specify in the space below):	**PROVIDE A DESCRIPTION, INCLUDING DATES, OF THE PROCEEDINGS FOR WHICH A TRANSCRIPT IS REQUIRED** (*i.e.*, oral argument, order from the bench, etc.) **METHOD OF PAYMENT** ☐ **Funds** ☐ **CJA Voucher (CJA 21)**
INSTRUCTIONS TO COURT REPORTER: ☐ **PREPARE TRANSCRIPT OF PRE-TRIAL PROCEEDINGS** ☐ **PREPARE TRANSCRIPT OF TRIAL** ☐ **PREPARE TRANSCRIPT OF OTHER POST-TRIAL PROCEEDINGS** ☐ **OTHER (Specify in the space below):**	**DELIVER TRANSCRIPT TO: (COUNSEL'S NAME, ADDRESS, TELEPHONE)**

I certify that I have made satisfactory arrangements with the court reporter for payment of the cost of the transcript. *See* FRAP 10(b). I understand that unless I have already ordered the transcript, I shall order its preparation at the time required by FRAP and the Local Rules.

COUNSEL'S SIGNATURE	**DATE**

COURT REPORTER ACKNOWLEDGMENT: This section is to be completed by the court reporter. Return one copy to the Clerk of the Second Circuit.

DATE ORDER RECEIVED	**ESTIMATED COMPLETION DATE**	**ESTIMATED NUMBER OF PAGES**
SIGNATURE OF COURT REPORTED		**DATE**