



STATE OF MICHIGAN  
DEPARTMENT OF STATE  
LANSING

Administrative Hearings Section  
FAX: (517) 335-2190  
INSTRUCTIONS - How to Order a Transcript

**When to order a transcript?** Within 182 days of the driver's license appeal hearing, to ensure the recording is available for transcription (R 257.314).

**How to order a transcript?** Requests must be in writing, and include all the information below. You may submit your request by mailing to Administrative Hearings Section, PO Box 30196, Lansing, MI 48909-7696, or FAX to (517) 335-2190.

**Preparation time and completion of a transcript request?** It may take up to 50 days from the date the written request is received in the Administrative Hearings Section to be completed and sent out.

**Costs?** Costs cannot be estimated before completion. You will be charged a maximum of \$3.50 per page plus shipping costs and a \$20.00 C.O.D fee. (Fees are waived for law enforcement and other government agencies).\***SEE BELOW.**

**Cancellation?** Transcript orders may be cancelled without charge at any time before work on the transcript has begun, by submitting a written cancellation notice, by mail or FAX.

**Please print clearly or type the information requested below. The requesting party must sign and date the form.**

Petitioner's Full Name: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ County of Residency \_\_\_\_\_

Hearing Held: \_\_\_\_\_  
(Date) (City)

Name of Hearing Officer: \_\_\_\_\_

**Other Information (Circuit or District Court Dates, etc.):**

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

\*Circuit Court Date: \_\_\_\_\_ County \_\_\_\_\_

\*Other: \_\_\_\_\_

**\*If the transcript is needed or the court date listed is less than 20 business days from the receipt of this request, you will be charged an expedited rate of \$7.00 per page plus shipping and COD fees, if we are able to meet that deadline.**

**Transcript Requested By:**

**Mail Transcript to (if different from request address):**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Bar # (if applicable):** \_\_\_\_\_

**Requester's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_