

IN THE DISTRICT COURT OF \_\_\_\_\_ Name of County \_\_\_\_\_ COUNTY, KANSAS

Plaintiff \_\_\_\_\_,

Party Identifier Appellant or Appellee,

Case No. District Court Case Number

v.

Appeal No. Appellate Case Number

Defendant \_\_\_\_\_,

Party Identifier Appellant or Appellee

**DEMAND FOR ESTIMATED COST OF TRANSCRIPT**

Comes now, Name of Court Reporter, CCR/CSR, pursuant to Rule No. 3.03 of the Kansas Supreme Court, makes demand that Name of Requesting Attorney or Pro se advance the payment of the estimated costs of the transcript, which was ordered in Case No. District Court Case Number, on the # Day day of Month, 20 Year. The estimated cost to complete the original transcript is \$ Estimated Amount.

Upon filing of the transcript, any adjustment necessary will be refunded or billed accordingly.

/s/ Name of Court Reporter, CCR/CSR

Official Court Reporter

CCR/CSR No. ID #

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I, Name of Court Reporter, CCR/CSR, hereby certify that I filed the original of the above and foregoing DEMAND FOR ESTIMATED COST OF TRANSCRIPT electronically with the Clerk of the District Court and that I served a true and correct copy of the above and foregoing Demand on this # Day day of Month, 20 Year, to:

**Clerk of the Appellate Courts**

**Via Method of Service, Blank if method of service is e-filing. Address line if mailing by U.S. Mail or the Fax Telephone Number**

**Additional line if needed for address**

Attorney/Party Name Name of the Pro se or Attorney  
Attorney for: Name of the Party they represent if Attorney is listed above; blank if party is a Pro se.  
Via Method of Service, Blank if method is e-filing; address line if mailing by U.S. Mail or Email or the Fax Telephone Number  
Additional Line if needed for address \_\_\_\_\_

Attorney/Party Name Name of the Pro se or Attorney  
Attorney for: Name of the Party they represent if Attorney is listed above; blank if party is a Pro se.  
Via Method of Service, Blank if method is e-filing; address line if mailing by U.S. Mail or Email or the Fax Telephone Number  
Additional Line if needed for address \_\_\_\_\_

Attorney/Party Name Name of the Pro se or Attorney  
Attorney for: Name of the Party they represent if Attorney is listed above; blank if party is a Pro se.  
Via Method of Service, Blank if method is e-filing; address line if mailing by U.S. Mail or Email or the Fax Telephone Number  
Additional Line if needed for address \_\_\_\_\_

Attorney/Party Name Name of the Pro se or Attorney  
Attorney for: Name of the Party they represent if Attorney is listed above; blank if party is a Pro se.  
Via Method of Service, Blank if method is e-filing; address line if mailing by U.S. Mail or Email or the Fax Telephone Number  
Additional Line if needed for address \_\_\_\_\_

Attorney/Party Name Name of the Pro se or Attorney  
Attorney for: Name of the Party they represent if Attorney is listed above; blank if party is a Pro se.  
Via Method of Service, Blank if method is e-filing; address line if mailing by U.S. Mail or Email or the Fax Telephone Number  
Additional Line if needed for address \_\_\_\_\_

Attorney/Party Name Name of the Pro se or Attorney  
Attorney for: Name of the Party they represent if Attorney is listed above; blank if party is a Pro se.  
Via Method of Service, Blank if method is e-filing; address line if mailing by U.S. Mail or Email or the Fax Telephone Number  
Additional Line if needed for address \_\_\_\_\_

Attorney/Party Name Name of the Pro se or Attorney  
Attorney for: Name of the Party they represent if Attorney is listed above; blank if party is a Pro se.  
Via Method of Service, Blank if method is e-filing; address line if mailing by U.S. Mail or Email or the Fax Telephone Number  
Additional Line if needed for address \_\_\_\_\_

Attorney/Party Name Name of the Pro se or Attorney  
Attorney for: Name of the Party they represent if Attorney is listed above; blank if party is a Pro se.  
Via Method of Service, Blank if method is e-filing; address line if mailing by U.S. Mail or Email or the Fax Telephone Number  
Additional Line if needed for address \_\_\_\_\_

\_\_\_\_\_, /s/ Name of Court Reporter, CCR/CSR