**WEST VIRGINIA DEPARTMENT OF TRANSPORTATION**

# Office of Administrative Hearings

**300 Capitol Street, 10th Floor**
**Charleston, West Virginia 25301**
**Phone: (304) 356-2233 ▪ Fax: (304) 558-1316 ▪ E-mail: dot.oah@wv.gov**

## REQUEST FOR AUDIO FILE OR WRITTEN TRANSCRIPT

A request for an audio file of a hearing before the Office of Administrative Hearings (OAH) or for a hearing transcript must be made using this request form. Such a request may only be made by the petitioner or the respondent or by one of their attorneys in the matter for which the hearing transcript or audio file is sought. All information sought in this request form must be provided, and the request must be signed. Incomplete or illegible requests may be disregarded. Completed request forms should be mailed, faxed, or e-mailed to the OAH at the above address.

Audio files will be e-mailed to you at the e-mail address you list below. If you request a written transcript, you will be responsible for any fees in connection with the production of the hearing transcript. A court reporter may confirm your request and demand advance payment from you. You should file the original transcript prepared by a court reporter with the OAH.

**CASE FOR WHICH REQUEST IS BEING MADE:**

Name of Petitioner: _____ File Number: _____

Name of Hearing Examiner: _____ Date of Hearing: _____

**TYPE OF REQUEST BEING MADE:** ❑ audio .wav ❑ audio .iaf ❑ written transcript

**REQUESTING PARTY DATA:** Name: _____ WVSB#, if any: _____

Mailing Address: _____

E-mail Address: _____ Phone: _____

**CERTIFICATION**: I hereby swear and affirm that I am the ❑ petitioner, ❑ petitioner's attorney, ❑ respondent, or ❑ respondent's attorney for the case in which I am requesting an audio file and/or written hearing transcript AND that I accept all financial responsibility associated with this request.

_____ _____

SIGNATURE OF REQUESTING PARTY DATE OF REQUEST

**FOR INTERNAL USE ONLY:**
Audio e-mailed to ❑ requesting party and/or ❑ transcriptionist _____ on _____.
Request completed by: _____ (NAME/FIRM) (DATE)