



Michigan Supreme Court

State Court Administrative Office

Field Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Ryan P. Gamby
Field Services Director

MEMORANDUM

DATE: August 20, 2024

FROM: SCAO Forms Team

RE: Changes to MC 501, Reporter/Recorder Certificate of Ordering Transcript on Appeal
SCAO 11c, National Court Reporters Association Exam Passage Verification

Below are SCAO-approved court forms that were recently revised. An explanation of the changes, including instructions on use of the previously approved versions, is included. Copies of the forms with the changes highlighted are also included.

For suggestions about these court forms, please contact CourtFormsInfo@courts.mi.gov.

[MC 501, Reporter/Recorder Certificate of Ordering Transcript on Appeal](#)

Most recent update: (8/24) version

Use of existing paper stock: (6/17) version may be used until stock is depleted.

- [Click here to see the form.](#)

Changes were made based on recommendations from court recorders/reporters to better identify transcripts that are unavailable or nonexistent.

[SCAO 11c, National Court Reporters Association Exam Passage Verification](#)

Most recent update: (8/24) version

Use of existing paper stock: Revised version is for immediate use.

- [Click here to see the form.](#)

Changes were made to update the address of the National Court Reporters Association.

STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT
COUNTY

REPORTER/RECORDER CERTIFICATE
OF ORDERING
TRANSCRIPT ON APPEAL
Appeal to: Court of Appeals Circuit

CASE NO. and JUDGE

Court address

Court telephone no.

Plaintiff's/Petitioner's name(s) and address(es) Appellant
 Appellee

Defendant's/Respondent's name(s) and address(es) Appellant
 Appellee

v

Plaintiff's attorney, bar no., address, and telephone no.

Defendant's attorney, bar no., address, and telephone no.

In the matter of _____

This certificate must be filed by the appellant or the reporter/recorder within 7 days after the transcript is ordered on appeals to the Court of Appeals. This certificate must be filed by the appellant within 7 days after the transcript is ordered on appeals to the circuit court.

I am a certified court reporter/recorder for the court designated above and I certify that:

1. On _____ a portion of the the complete transcript of proceedings, taken in
Date this case before Hon. _____ on _____
Date(s)

_____, was ordered by

a. _____, attorney for _____
Attorney name (type or print) Name (type or print)

b. the appellant, _____
Name (type or print)

c. the appellee, _____
Name (type or print)

d. the court.

2. Payment has been secured and the transcript will be furnished by me on or about _____
Estimated date of completion

Estimated number of pages is _____.

Page added

3. The transcript has been filed with the court and furnished as requested. Date filed: _____

4. There is no record to be transcribed for the following requested date(s): _____

Date

Certification designation and number

Reporter/Recorder signature

Business address

Name (type or print)

City, state, zip

Telephone no.

List names, certification designations and numbers, and dates of each proceeding of each reporter or recorder who reported or recorded or transcribed any part of the proceedings:

**NATIONAL COURT REPORTERS ASSOCIATION
EXAM PASSAGE VERIFICATION**

Persons applying to the Michigan Court Reporting and Recording Board of Review for certification as stenographic reporters must complete Part I and send it to the National Court Reporters Association. The National Court Reporters Association must complete Part II and send it to the Michigan Court Reporting and Recording Board of Review. An application for certification will be considered incomplete if this form is not received directly from the National Court Reporters Association.

PART I - TO BE COMPLETED BY APPLICANT (please print or type)			Forward to: National Court Reporters Association 12355 Sunrise Valley Drive, Suite 610 Reston, VA 20191	
Name (last, first, middle initial)			NCRA license/certificate number (if applicable)	
Address		City		State
Home telephone no.		Work telephone no.	Cell no.	E-mail address

I authorize the National Court Reporters Association to share the information in Part II with the Michigan Court Reporting and Recording Board of Review.

Date

Signature

PART II - TO BE COMPLETED BY THE NATIONAL COURT REPORTERS ASSOCIATION (please print or type)			Forward to: Michigan Court Reporting and Recording Board of Review PO Box 30048 Lansing, MI 48909-7552 Phone: 517-373-9526	
<p>1. a. Indicate the statements that apply to the individual named above. If neither statement applies, complete item 1.b.</p> <p><input type="checkbox"/> This individual passed the <i>written knowledge test</i> of the Registered Professional Reporter examination.</p> <p><input type="checkbox"/> This individual passed the <i>skills test</i> of the Registered Professional Reporter examination.</p> <p>1. b. Indicate the court reporting method of the examination taken by the individual named above.</p> <p><input type="checkbox"/> Voice writer</p> <p><input type="checkbox"/> Machine shorthand</p> <p><input type="checkbox"/> Other: _____</p>				
<p>2. Indicate the current certification status of the individual named above. Check only one box.</p> <p><input type="checkbox"/> Active/current <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Not certified</p> <p><input type="checkbox"/> Suspended (Attach explanation.) <input type="checkbox"/> Revoked (Attach explanation.) <input type="checkbox"/> Other (Attach explanation.)</p>				
<p>3. Has the National Court Reporters Association ever instituted disciplinary action against the individual named above? (Disciplinary action includes, but is not limited to, fine, reprimand, probation, censure, revocation, suspension, surrender, restriction, or limitation of certification.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a certified copy of the written report or other document that identifies the disciplinary action taken.</p>				

I certify that the information above is true and correct according to the official records of the National Court Reporters Association.

Date

Signature of National Court Reporters Association representative

Address

Name and title (type or print)

City, state, zip

Telephone no.

E-mail address