



STATE OF MICHIGAN  
 TERRI LYNN LAND, SECRETARY OF STATE  
 DEPARTMENT OF STATE  
 LANSING

**Driver Assessment & Appeal Division**  
**FAX: (517) 335-2190**  
**INSTRUCTIONS - How to Order a Transcript**

**When to order a transcript:** Within 182 days of the Driver Assessment and Appeal Division (DAAD) Hearing, to ensure the tape 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 DAAD, 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 Driver Assessment and Appeal Division to be completed and sent out.

**Costs:** Costs cannot be estimated before completion. You will be charged a maximum of \$3.50 per page for a regular request with a \$9.00 C.O.D fee, and shipping costs. (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 Number:	County of Residency:
Date of DAAD Hearing:	Location of DAAD Hearing:	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 up to \$7.00 per page plus shipping charges and a \$9.00 COD fee.**

**Transcript Requested By:**

**Mail Transcript to (if different from requestor's address):**

Name:	Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Bar Number (if applicable):	

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