

IN THE DISTRICT COURT OF Name of County COUNTY, KANSAS

Name of Plaintiff _____,

Party Identifier Appellant or Appellee,

Case No. District Court Case Number

v.

Name of Defendant _____,

Appeal No. Appellate Case Number

Party Identifier Appellant or Appellee

CERTIFICATE OF COMPLETION OF TRANSCRIPT

I, Your Name, Official Court Reporter for the # Judicial District of Kansas, certify that pursuant to a request for transcript from Requesting Attorney or Party, dated Date of Request/Order, I have completed the transcript and filed same this date with the Clerk of the District Court as follows:

Proceedings	Hearing Date	Number of Pages	Date filed with Clerk of the District Court
Name or Type of Hearing	Date of the Hearing	# of Pages	Date filed with CDC

/S/ Your Name, CCR/CSR
Official Court Reporter
CCR/CSR No. ID #
Address line 1
Address line 2
Telephone Number
Email address

CERTIFICATE OF SERVICE

I, Your Name, CCR/CSR, hereby certify that I filed the original of the above and foregoing CERTIFICATE OF COMPLETION electronically with the Clerk of the District Court and that I served a true and correct copy on this # day of Month, 20Year, 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 address or the Fax Telephone Number

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/s/ Your Name, CCR/CSR